

**Roswell Pediatric Center, P.C.**

**REQUEST FOR CONFIDENTIAL ELECTRONIC COMMUNICATIONS**

Name of Patient: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I request that the following communications from Roswell Pediatric Center, PC be delivered to me by the provided electronic means. I understand that this form of communication may not be secure, creating a risk of improper disclosure to unauthorized individuals. I am willing to accept that risk, and will not hold the practice responsible should such an incident occur.

**Communication Requested:**

\_\_\_\_\_ Appointment reminder                      \_\_\_\_\_ Prescription refill reminder

\_\_\_\_\_ Lab results      \_\_\_\_\_ School or camp forms      \_\_\_\_\_ School excuse

Other (Please specify): \_\_\_\_\_

**Method:**

\_\_\_\_\_ E-mail Address: \_\_\_\_\_

\_\_\_\_\_ Text Phone Number: \_\_\_\_\_

Acknowledgement and Agreements: I understand and agree that the requested communication method is not secure, making my PHI at risk for receipt by unauthorized individuals. I accept the risk and will not retaliate against Roswell Pediatric Center, PC in any way should this occur.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: *(printed)* \_\_\_\_\_

Telephone Number: \_\_\_\_\_