**E-mail Consent**

Mother & More is equipped to relay information with patients using email. Due to the “HIPPA Notice of Privacy Practices” we need permission to communicate electronically. Please note that every effort is made to ensure patient privacy, however, Mother & More cannot assure confidentiality of information sent electronically or be held liable for security risks. By signing below, you grant permission for practitioners and staff to contact you via email/phone/text to do the following:

* Discuss your care
* Schedule appointments
* Receive appointment reminders
* Receive electronic version of home exercise programs

Preferred Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

