

HIPAA COMMUNICATION CONSENT

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I, _____, hereby consent and state my preference to have my physician (names above), and other staff at NorthWest Crossing Chiropractic & Health communicate with me by email or standard SMS/text messaging, in addition to or to replace leaving phone messages, regarding various aspects of my healthcare, which may include, but shall not be limited to, test results, appointments, and billing. I understand that email and standard SMS/text messaging are not confidential methods of communication and may be insecure. I further understand that because of this, there is a risk that email and standard SMS/text messaging regarding my medical care might be intercepted and read by a third party.

I give my permission to leave both appointment reminders AND my private health information at the following (please fill-in the ones you agree to):

Phone number _____
Email _____
Text _____

I give permission to contact me, relative to appointment reminder only, by the following methods:

Phone message at the following number _____
Email messages at the following email _____
Text messages at the following number _____

Appointment reminders and private health information will be communicated to you only in the manners in which you have given specific written authorization and you have the option to opt out of any of those methods at any time by notifying our office. Email and standard SMS/text messaging are not confidential methods of communication and may be insecure.

Patient Signature _____
Printed Name _____
Date _____

You may also use the patient portal through our electronic medical records. That is completely secure and encrypted. To access the portal go to <https://www.mychirotouch.com/Portal>