



200 S. 20th St., Suite B • Rogers, AR 72758  
Office: (479) 636-9393 • Fax: (479) 636-9341

**E-mail & Text Consent Form**

I, \_\_\_\_\_, understand that I may ask for email and text communications about my health care with Family Foot Health Center. I understand the information sent via email and/or via text message from persons at Family Foot Health Center will not be sent securely and will be unencrypted.

I understand the risks associated with unencryption, including, but not limited to, the risk that my protected health information may be read by an unintended third party.

I have been notified of the risks.

I understand said risks and I still prefer to receive protected health information via unsecure communications via email and text message.

I understand that Family Foot Health Center and its staff are not responsible for any unauthorized access of my protected health information communicated by way of unencrypted email and text and that I am willing to bear the risk.

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
FFHC Staff Witness