



Advantage Foot and Ankle Center

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INFORMED CONSENT

Advantage Foot & Ankle Center will not initiate emails or texts, but if the patient does and a response is desired...the following information needs to be recognized and signed.

I understand that the information sent to me via email and/or via text message from persons at Advantage Foot & Ankle Center will **not be sent securely and will be unencrypted**. I **understand the risks** associated with that including, but not limited to, **that my PHI 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 Advantage Foot & Ankle 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 bear the risk.

Print Patient Name

Parent / Guardian Signature

Patient Signature

Date