



Acceptance of Risk and Request for Email/Text Messaging Communications

Pursuant to the HIPAA Privacy and Security Rules regulations regarding the protection of electronic protected health information (ePHI) and honoring patient preferences regarding communications with our office, the following acknowledgement is required before we can send you emails or text messages.

Emails and text messages are inherently insecure, and are transmitted in plain text between our email service and your email service provider or cell phone. Emails transit through multiple servers before being received, and all of these servers have the ability to view the contents of the email and any attachments. Identity thieves may be able to see your information. By signing below you acknowledge that you accept this risk and authorize us to send you emails and/or text messages regardless. This authorization shall persist until you notify us in writing that you are revoking this authorization.

Name (printed)

DOB

Date

signature

Once signed, please either:

- fax this form to (301)654-5658
- email it to mail@sleepdoc.com
- upload it to us (<https://sleepdoc.com/upload>)

→ (if you do not have access to a fax machine or scanner, you can take a picture of the signed form with your phone and email or upload that to us)

staff use only: <input type="checkbox"/> entered in AMD?
