



Equine Affirmative

Authorization for Electronic Communication

As a convenience to me, _____, I authorize Equine Affirmative to communicate with me regarding my treatment via electronic communications (email or text message) and to transmit my protected health information electronically as described below.

I understand there are risks inherent in the electronic transmission of information by email or text message:

- Such communication does not provide a completely secure means of communication.
- Any protected health information transmitted via electronic communications pursuant to this authorization may not be encrypted.
- Electronic transmission of information cannot be guaranteed to be secure or error-free.
- Data may be vulnerable to access by unauthorized third parties.

As such, Equine Affirmative shall not have any responsibility or liability with respect to any error, omission, claim, or loss arising from or in connection with the electronic communication of information by Equine Affirmative to me.

Your treatment does not depend on consent. You have the right to terminate or amend this agreement at any time. Using more secure communication methods, such as messaging through a secure Patient Portal and by phone call are always available if you elect not to consent to any of the forms of communication listed below.

- Text Message to Mobile Phone on File
 Email to Address on File
 DO NOT communicate with me electronically

I understand that Equine Affirmative may transmit my protected health information electronically as described above unless and until I revoke or amend this authorization by submitting a notice to Equine Affirmative in writing. This authorization does not allow for the electronic transmission of my protected health information to third parties, and I understand I must execute a separate authorization for my protected health information to be disclosed to third parties.

Printed Name

Signature

Date