

Manely Ghaffari, MD  
129 N. 4<sup>th</sup> Street, Office 1F  
Philadelphia, PA 19106

**E-Mail and SMS Consent Form**

Purpose: This form is used to obtain your consent to communicate with you by email or SMS regarding your protected health information (PHI).

**Dr. Ghaffari** offers patients the opportunity to communicate by e-mail or SMS. Transmitting patient information by e-mail or SMS has a number of risks that patients should consider before granting consent to use e-mail or SMS for these purposes.

**Dr. Ghaffari** will use reasonable means to protect the security and confidentiality of e-mail and SMS information sent and received. However, Dr. Ghaffari cannot guarantee the security and confidentiality of e-mail or SMS communication and will not be liable for inadvertent disclosure of confidential information.

**Patient's Acknowledgment and Agreement**

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with communication of e-mail or SMS between Dr. Ghaffari and myself. I consent to the conditions outlined herein. Any questions I may have had were answered. I agree and consent that Dr. Ghaffari may communicate with me regarding my protected health information by e-mail or SMS.

Patient signature: \_\_\_\_\_

Date: \_\_\_\_\_

-----

Patient Name: \_\_\_\_\_

Patient Address: \_\_\_\_\_

Patient E-mail Address: \_\_\_\_\_

Patient Cell Phone Number: \_\_\_\_\_