

West Plano Pediatrics

Electronic Communication Policy

As we strive to communicate with our patient families in the most convenient manner possible, we are expanding to include more forms of electronic communication. The consent form below outlines the manner in which you desire to be contacted. As always, your information is never shared and you may change your preferences at any time.

By initialing below, I consent to the following forms of electronic communication between West Plano Pediatrics and myself:

_____ Email correspondence regarding my child's medical care, appointment reminders, lab results, and insurance and financial matters. I understand that email should never be used regarding urgent medical matters. I further understand that electronic correspondence does have the potential to be intercepted and I release West Plano Pediatrics from any liability should this occur. I request West Plano Pediatrics send email communication to the following address:

_____ Text messaging regarding appointment reminders and availability, as well as non-urgent patient care matters. I request West Plano Pediatrics send text messages to the following number:

_____ Any future forms of electronic communication including but not limited to Facebook.com, Twitter.com, etc.

Patient Name(s): _____

Parent Signature: _____

Date: _____