

# Dragon Rises College of Oriental Medicine

## Electronic Communications Agreement

By signing this document I hereby give consent to any and all representatives of Dragon Rises College of Oriental Medicine authorization to communicate with me via phone, video conferencing, through email, and/or text message regarding the following aspects of my medical care:

- Appointments & Bookings
- Test Results
- Prescriptions
- Billing
- Assessment
- Distance Treatment
- Consultations & Advice
- Patient Education Materials

By signing this document I am acknowledging the following:

- That I understand that video conferencing, email, and text messages are not HIPAA-compliant or completely confidential methods of communication.
- That I understand that there is risk associated with phone calls, video conferencing, text messaging, & email communications between myself and my Dragon Rises College of Oriental medicine Practitioner(s) including that there is some risk my protected health information may be intercepted by unintended parties.
- I understand that any text message and/or email communication between Dragon Rises College representatives and myself that pertain to my medical care and treatment will be made a part of my permanent health record.
- That it is not advisable to send or request sensitive information via email or text messaging.
- That in an urgent or emergency situation that I should call my primary care provider or dial 911.

I authorize the receipt of Telemedicine services and electronic communications:

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

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Representative (Relationship)

\_\_\_\_\_  
Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Email Address

\_\_\_\_\_  
Patient Phone Number

### Office Use Only:

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Name

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date