



Anant P. Joshi D.P.M

Consent for Communication

Patients/Clients frequently request that we communicate with them by phone, voicemail, email, or text. Advanced Foot Care of NJ, LLC respects your right to confidential communications about your protected health information (PHI) as well as your right to direct how those communications occur. Since email and texting can be inherently insecure as a method of communication, we will only communicate with you by email or text with your written consent at the email address or phone number you provide to us below. Please be aware that if you have an email account through your employer, your employer may have access to your email.

When you consent to communicating with us by email or text you are consenting to email and texting communications that may not be encrypted. As well voicemail or answering machine messages may be intercepted by others. Therefore, you are agreeing to accept the risk that your protected health information may be intercepted by persons not authorized to receive such information when you consent to communicating with us through phone, voicemail, email, or text. Advanced Foot Care of NJ, LLC will not be responsible for any privacy or security breaches that may occur through voicemail, email, or text communications that you have consented to.

You may choose to limit the type of voicemail, email, or text communication you have with us if you wish to limit your risk of exposing your protected health information to unauthorized persons. Please indicate below what types of correspondence you consent to receive by email or text.

In the event of a medical emergency, I should call 911 or go to the nearest Emergency Department. Email should be used only for non-urgent issues.

I consent to receiving communication about the scheduling of appointments or other communication that do not reveal my protected health information only by the following means (check all that you consent to):

☐ Text

☐ Email

☐ Voicemail

E-mail address you are consenting to communicate through: _____

Phone# you are consenting to communicate through: _____

Patient Signature: _____ Date: ____/____/____

Authorized Representative/Guardian Signature: _____ Date: ____/____/____