



## Consent to Communicate via Non-Secure or Potentially Non-Secure Modalities

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

At Healing Path Integrative Medicine (HPIM), we interact with the patients and their family members for many reasons. Due to HIPAA regulations, we must have written permission to leave messages on answering machines, voicemail or non-secure email, or to discuss your health with family members.

This form will be kept in your medical records for future reference. Please indicate your consent below by initialing beside each statement.

\_\_\_\_\_ I give my permission for HPIM to leave appointment reminder messages on my voicemail, answering machine or email even if it is not a secure portal.

\_\_\_\_\_ I give my permission for HPIM to leave appointment reminder with any individual who answers the phone at my house.

\_\_\_\_\_ I give my permission for HPIM to leave a message regarding my lab work on my voicemail, answering machine, fax or email even if it is not a secure portal.

\_\_\_\_\_ I give my permission for HPIM to leave a message regarding my lab work with any individual who answers the phone at my house.

\_\_\_\_\_ I give my permission for HPIM to answer my medical questions on my voicemail, answering machine, fax or email even if it is not a secure portal.

\_\_\_\_\_  
 Signature of Patient/Legal Representative

\_\_\_\_\_  
 Date