



Communication Consent

Email: I understand that the security of email communication cannot be absolutely guaranteed. **Please choose one of the following options:**

- Do not email me. I understand that if I email you at some future date, I am giving you permission to communicate with me by email. **Skip to the "Telephone" section below.**
- I give my consent to communicate via email about routine matters such as scheduling, even though I understand it is not 100% secure.
- I give my consent to communicate via email for routine matters and also for clinical matters, even though I understand it is not 100% secure.

Email address: _____

Email reminders: Please send me email reminders of all appointments, 48 hours before the appointment time.

Yes No

Secure portal: Dr. Kuhn's practice is now offering a secure on-line portal for billing, payments, and secure communication.

- Please enroll me in the secure portal, using the above email address, and send my monthly billing statements via the portal. I will update my contact information and other preferences through the portal.
- Do not enroll me in the new secure portal. Send me my monthly billing statements:
via email via US mail

Telephone:

- Do not contact me by telephone.
- You may contact me by telephone, but do not leave voice messages.
- You may contact me by telephone and leave voice messages.

Telephone number for the above: _____

Mobile Home Work

Text reminders: Please send me text message reminders of all appointments, 24 hours before the appointment time, at the number above.

Yes No

Signature: _____ Date: _____

Name (print): _____