



E-Mail and SMS Consent Form

This form is used to obtain your consent to communication with you by email or SMS regarding your protected health information.

Dorogusker, Price, & Associates offers patients the opportunity to communicate by e-mail or SMS. Digital communication is used primarily to schedule appointments. Transmitting patient information by e-mail or SMS has a number of risks that patients should consider before granting consent to use e-mail or SMS for these purposes.

Dr. Beth Dorogusker Dr. Adam Price Ms. Reshma Patel Dr. Terri Lipkin

will use reasonable means to protect the security and confidentiality of e-mail and SMS information received. However, we cannot guarantee the security and confidentiality of email or SMS communication and will not be liable for inadvertent disclosure of confidential information.

Patient's Acknowledgement and Agreement:

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with communication of e-mail or SMS between the aforementioned professional and myself. I consent to the conditions outlined herein. Any questions I may have had were answered. I agree and consent that my therapist may communicate with me regarding my protected health information by e-mail or SMS.

Patient/Guardian Signature: _____ Date: _____

Patient Name: _____

Patient Address: _____

Patient E-Mail: _____

Patient Cell Phone Number: _____

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Maplewood, New Jersey 07040

10 Fairmount Avenue
Chatham, New Jersey 07928

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