

EMAIL AND TEXT POLICY

I, _____ (patient) hereby voluntarily provide my email and cell telephone number to San Jose Neurospine.

I agree to permit San Jose Neurospine and their authorized representative(s), to communicate with me by email and text message with respect to the medical claims submitted to my insurance company and with respect to any balances due to San Jose Neurospine for balances not covered by insurance, coinsurance, deductibles, or any other balance deemed patient responsibility.

To be clear, I am consenting to communication by email as required by 15 USC 7001 and related state regulations and statutes. I understand that I have the option to receive any communication on paper or non-electronic form. In such case, I will notify San Jose Neurospine in writing of this request. I understand that my consent is continuous. However, I understand further that I may terminate my consent to email communication in writing to San Jose Neurospine. There are no hardware or software requirements needed to receive email communication from the Practice or their authorized representatives other than an active email account obtained from a vendor that provides such email accounts.

San Jose Neurospine and their authorized representative(s), will not sell, share, or rent your email address or any other personal information collected on this consent.

Email: _____

Cell Phone: _____

Signature: _____