North Florida Acupuncture

Electronic Communication Agreement

By signing this document I hereby give consent to North Florida Acupuncture and my physician, Jerrod Fletcher, AP to communicate with me via email or through text message communications regarding the following aspects of my medical care:

- Appointment Bookings
- Test Results
- Prescriptions
- Billing
- Consultations & Advice
- Patient Education Material

By signing this document you are acknowledging the following:

- That I understand that email and text messages are not confidential methods of communication.
- That I further understand that there is always a risk associated with text messaging & email communications between myself and North Florida Acupuncture regarding my medical care and treatment may be intercepted by third parties or transmitted to unintended third parties.
- I also understand that any text message and/or email communication between Jerrod Fletcher, AP of North Florida Acupuncture and myself regarding my medical care and treatment will be printed out and made a part of my permanent health record.
- That it is not advisable to send or request very sensitive information via email or text messaging that you do not want others to know about
- I understand that in an urgent or emergency situation that I should call my primary care provider or immeditately utilize Emergency Medical Services by dialing 911 and not rely on email communication with my Acupuncture Physician.

Authorized Consent to use email or text messaging communication:

_____	_____
Patient Signature	Date
_____	_____
Patient Representative (Relationship)	Date
_____	_____
Patient Email Address	Patient Phone Number
_____	_____
Physician Signature	Date
_nflacupuncture@gmail.com_____	_ 352-281-8989_____
Physician Email Address	Office Phone Number