

## PATIENT COMMUNICATION CONSENT FORM

I the undersigned hereby consent and permit the staff of FloMed Infusion Services LLC and its affiliates, partners and licensees, including but not limited to clinical staff, pharmacy staff, clerical staff and billing staff to communicate with me and my other doctors, nurses, therapists and care-givers (all of whom, collectively, are "Providers"), as well as with myself, via e-mail, telephone or text message. This consent is for all aspects of my care, treatment and interactions at/with FloMed Infusion Services LLC locations and facilities, and those of its affiliates, partners and licensees, including but not limited to test results, medical notes, prescriptions, appointments and billing.

I understand and agree that if FloMed Infusion Services LLC engages in email or text communication with me:

- FloMed Infusion Services LLC or one or more of my FloMed Infusion Services LLC correspondents may decide to stop doing so, at any time, for their own reasons.
- I must not use email for medical emergencies or other time-sensitive matters. If I need immediate assistance or have a condition that appears serious or worsens rapidly, I must not rely on email. Instead, I should take other measures as appropriate, which may include seeking emergency services.
- FloMed Infusion Services LLC may require that I follow additional rules for the use of email communication that it may set at any time. In addition, areas within the hospital and/or individuals working on behalf of the Hospital may require that follow additional rules that they may set at any time.
- FloMed Infusion Services LLC may use or disclose my email and/or the information in it to people other than the intended recipient, for a variety of purposes – for example, to update my health records, and to permit others to assist in my care or in record-keeping.
- FloMed Infusion Services LLC cannot guarantee that any particular email will be read and responded to within any particular time period.
- Neither FloMed Infusion Services LLC nor those communicating on its behalf will be liable for any harmful consequence to me that may arise from the use of email.
- If I wish to withdraw my consent to communicate by email, I may do so at any time, but I must do so in writing and ensure all relevant email correspondents receive a copy of my withdrawal notice.
- If my email address changes, I shall promptly inform my email correspondents.
- If I feel there is an undue delay in response to an email I send, it is my responsibility to follow up.

I further understand that there is a risk that e-mail or text message communications between my Providers and myself, or between my Providers may be intercepted by third parties or transmitted to unintended parties. I also understand that any e-mail or text message communications about me, regardless of who the parties are, may be made part of medical record.

I understand that in an urgent or emergent situation I should call my physician or go to the Emergency Room, and not rely on e-mail or text message in such a scenario. I agree not to disclose sensitive medical information such as information relating to HIV, mental health or substance abuse. I understand and acknowledge that FloMed Infusion Services LLC and its affiliates, partners and licensees and their staff cannot guarantee the privacy, security or confidentiality of information transmitted via e-mail or text. I understand that I may revoke my consent at any time by advising FloMed Infusion Services LLC in writing.

**By my signature below, I hereby acknowledge that I have read and understand the information provided on this Communication Consent Form. I understand the risk associated with different methods of communication, especially email, and consent to the communications outlined in this Communication Consent Form.**

### PATIENT SIGNATURE AND DATE

Patient Name: (Please print clearly): \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_