



Consent for Photography (For medical chart only)

I consent that photographs may be taken of me or parts of my body by Eric Mariotti, M.D. or by a person designated by him. This is not a consent for commercial or marketing use of the photos. Only that they may be taken and stored in my office chart for use in my care and treatment.

Signature _____ Date _____

Consent for Email Communication

Federal law prohibits this practice from sending you texts or email which are unencrypted or "unsecure." However, many patients find it convenient to communicate with our office by traditional text and/or email. Although we take all reasonable steps to ensure security of those messages, those modes of communication are generally not considered "secure." Some patients appreciate the tradeoff between ease of use / convenience and security. We want to accommodate your preferences. If you would like to communicate with us by email, please confirm below by providing your authorization. We will keep your preferences in force with no current expiration date until we learn otherwise. You can always change your mind at any point by letting us know in writing. If messages are sent through such channels, they may no longer be protected by HIPAA. Finally, whether or not you decide to use email or text messaging, your choice will have no impact on our decision to treat you. I authorize the practice to communicate with me by "unsecure" email, using the email address I have provided or any email addresses given in the future.

Signature _____ Date _____

Consent for Text Communication

I authorize the practice to communicate (i.e. appointment reminders, photos for assessment and care, announcements as well as advertising or marketing messages) with me by "unsecure" text using the mobile phone number I provide, and I consent to their receipt of text messages from me. Such text messages will be made using automated technology. To stop any further advertising or marketing text messages, reply STOP to any received message and any such messages will cease or send written confirmation to the practice

Signature _____ Date _____