

Patient Correspondence & Communication Agreement

I acknowledge I am aware and have been informed that transmitting information electronically over the internet, by email, text messaging, and by like means may not be secure and that corresponding with Stephenie Poris, MD, Poris Plastic Surgery, or any of its staff or affiliates in these ways may compromise the confidentiality of my private health information.

I acknowledge that I have been advised to not transmit any information that I would wish to be held confidential in a physician-patient, or similar clinical arrangement, in this way. I agree that any request I may make for information via e-mail or text message will constitute specific permission, authorization, and release for Stephenie Poris, MD, Poris Plastic Surgery, or any of its staff or affiliates to respond and/or provide the information or materials requested, and that these individuals and entities will be held harmless for any related breach of confidentiality that may result.

I am aware and specifically agree that any communication made with Stephenie Poris, MD, Poris Plastic Surgery, or to any of its staff or affiliates via e-mail or text messaging will not be considered "medical information" and will not be included as part of my medical record. I acknowledge and agree however, that Stephenie Poris, MD may, at her sole discretion, introduce any such information into my medical record that she deems relevant to my treatment and care.

I acknowledge and agree that Stephenie Poris, MD, Poris Plastic Surgery, and any of its staff or affiliates are released from any legal responsibility or liability for or resulting from the authorized disclosure of my health or billing information.