

# VIRTUE MEDICINE P.C.

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Clinics for Mind-Body Health



Studio for Ethics & Contemplative Arts

## **CLINICIAN Email and SMS text Policy Agreement**

*This policy agreement applies to any communication directly between patient and provider/clinician by email or SMS text, and is not applicable to communications from Virtue Medicine Reception for routine reception services such as scheduling.*

**All communication with your clinician will be included in your permanent patient record.**

***DO NOT use email or SMS text to communicate if there is an emergency.*** Call 911 or go to ER!  
DO NOT email or SMS text to request scheduling and appointment information.

The proper subject matter for email or SMS Text is information that you wish to share directly with the clinician to facilitate your health care in the office, and which your clinician has agreed may be sent via that communication format. Please note that your therapists have variable business/clinic hours, and will normally respond to your inquiry within 24 hours of their own standard business hours, which may not be Monday-Friday. However, front desk personnel at Virtue Medicine may be reached Monday-Friday, from 9-5 by phone, except for holidays, and this is the more efficient manner to get a message quickly to your care provider.

As communications with your clinician are part of your health care management, there is a charge for both email and SMS texts to your clinician, at the time-based fees posted in the practice. These will be billed at your next visit or by mail.

Our professional practice is to treat *information* shared in an email or SMS text as confidential, although we cannot guarantee the actual communication to be fully private, due to the risks of technology and unintended third party viewing/access. We acknowledge that email and text can be a convenient or valuable tool for communication, and want to optimize the communication tools that our patients prefer to use. We strongly prefer that you use private accounts, rather than work or shared accounts.

## ***CONSENT for use of Email Service***

By signing this consent form, or by using email or SMS text to communicate with Virtue Medicine providers, I am agreeing not to hold the business owner, clinicians, or staff associated with the health care clinics liable for network infractions or technology problems beyond their control. I acknowledge that I reviewed the posted policies on privacy, and I agree to comply with the office policies. If I do not agree to comply with the policies and procedures, I will not initiate email or SMS text communication with my providers.

My signature below demonstrates that I have read, discussed, understand and agree to abide by the policies and instructions for email or SMS text use with my providers.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name