

VITALITY NATURAL MEDICINE, PC

Electronic Communications Agreement for Personal Health Information

Patient Name: _____ Date: _____

Vitality Natural Medicine, PC, an Oregon professional corporation doing business as “VNM” or “Vitality Natural Medicine” (“VNM”), and Member herein enter into this Electronic Communications Agreement for Personal Health Information (“PHI Agreement”) regarding the use of email or other electronic communications/transmissions:

- Patient agrees that VNM may communicate electronically via Patient’s email address below.
- Patient is aware that there is risk that third parties might be able to read unencrypted emails.
- Patient is responsible for providing VNM with any updates to Patient’s email address.
- Patient may withdraw consent to electronic communications by calling VNM’s office at (503) 344-1345.

VNM will not engage in electronic communications with Patient if Patient has not signed this Agreement.

Remember: It is your responsibility to maintain a secure password and otherwise take steps to preserve confidentiality.

Patient Email Address: _____

Patient Signature

Vitality Natural Medicine, PC