

## ELECTRONIC COMMUNICATION CONSENT FORM

This form outlines the guidelines for electronic communication and documents your consent to use electronic communication with your provider:

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\_\_\_\_\_ Dr. Esther Samadi, MD

**In a medical emergency, do not use electronic communication. Dial 911 or proceed to your nearest emergency department.**

Luminello Client Portal Message Center: Messages sent through your client portal on Luminello (the electronic health record system) is secure and HIPAA compliant. Once you create your online patient portal you may send messages to your provider for non-urgent questions or to send personal information, documents and records. The Client portal messaging center is not appropriate means for urgent or emergent matters. Please note the following:

- 1) All clinically relevant messages regarding care with your provider will be included in the patient's medical record.
- 2) If you have not received a response within 3 business days, please contact SoCal Wellness directly by phone.
- 3) Either you or your provider may request to discontinue the use of Luminello messaging as a means of communication via email or letter.

**DISCLAIMER:** SoCal Wellness is not responsible for electronic communications that are lost due to technical failures. Although he has implemented reasonable technical safeguards, he cannot and does not guarantee the privacy, security or confidentiality of electronic communications. Due to the nature of electronic communications and the fact that most popular email services/cell phone carriers do not utilize encrypted emails/text messages, there is potential that emails and/or text messages may be intercepted, altered, forwarded or read by others.

**If any of the aforementioned presents a concern to you, it is advisable that you not communicate electronically with your provider.**

I acknowledge that I have read and fully understand this consent form and that I voluntarily give permission to use electronic communication with my provider at SoCal Wellness to send and receive personal information related to my care.

Patient/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Patient name if different from above \_\_\_\_\_