



## Request for Electronic Communications/Telemedicine

Name of patient: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Date of request: \_\_\_\_\_

I request that the following communications, including telemedicine, from YoloCares be delivered to me by provided electronic means. I understand that this form of communication may not be secure, creating a risk of improper disclosure to unauthorized individuals. I am willing to accept that risk and will not hold YoloCares responsible should such an incident occur.

Standard message and data rates may apply. Please check with your mobile carrier for any charges related to text messaging. YoloCares is not responsible for fees billed by your carrier.

You may opt-out of receiving SMS/text messages from YoloCares at any time. To stop receiving messages, notify a YoloCares staff member in person or by calling our main office.

### Preferred Method of Communication:

- ☐ E-mail      E-mail address: \_\_\_\_\_
- ☐ Text      Phone number: \_\_\_\_\_
- ☐ Zoom

### Acknowledgement and Agreements:

I understand and agree that the requested communication method is not secure, making my personal health information at risk for receipt by unauthorized individuals. I accept that risk and will not retaliate against YoloCares in any way should that occur.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_