



**2150 Main St Suite 3
Cambria, CA 93428
805-927-1673**

Dear Patients and Families,

Our ability to communicate easily with each other is of paramount importance. You want your doctors to be accessible to you, and Coastal Pines Medical Group will at all times strive to respond to you as quickly as possible. We are excited to tell you that we will be able to send automated notifications and reminders of your scheduled appointments. We can arrange for these reminders to go via text, email or phone.

HOWEVER, this communication is governed by strict and appropriate privacy concerns, including HIPAA regulations. Please remember that neither texts nor emails are HIPAA secure. It is important to remember that you should never include personal patient information in texts and emails.

Our hope and expectation is that these features will make it easier for us to coordinate visits and keep each other informed, in a secure and legal fashion. If you would like to participate, please sign the release below confirming that you do understand that emails and texting are NOT HIPAA secure and that third-parties could intercept these communications at any time.

Please designate your preferred mobile phone number you want us to text reminders to. If you do not have a mobile phone, please indicate whether you would prefer an email or an automated phone call instead.

“Yes, I do want to be able to communicate with Coastal Pines Medical Group via the following means of communication. I do understand that email and texting are not secure and I agree not to send patient-sensitive information using these methods.”

My contact information is:

Mobile Phone _____

Land line Phone _____

Email _____

please circle which way you prefer to receive notification/reminder:

text to mobile call to mobile call to land line email

Please sign here to acknowledge that you have received and understand this information and agree to comply with these recommendations and want us to communicate with you in the manner designated above.

Patient/POA signature: _____

Patient Name _____

Name of person signing if not patient _____