



c o s m e t i c
s u r g e r y ®

Patient Consent to Noncompliant Electronic Communication in Indifference to HIPAA regulations

I, _____ (Print Name), hereby consent and state my preference to have my physician, Allan Wulc, M.D. other physicians, and staff at W Cosmetic Surgery communicate with me by electronic mail (“E-Mail”), standard SMS messaging (“Text”) and sometimes Facetime regarding various aspects of my medical care, which may include, but shall not be limited to **photographs**, particularly which may show my face which may be recognizable.

I am aware that E-Mail, Text and Facetime are not confidential methods of communication and may be insecure. I further understand that, because of this, there is a risk that E-Mail and Text regarding my medical care might be intercepted and read by a third party.

I hereby acknowledge and agree that W Cosmetic Surgery is not responsible for any third-party interception or access to the E-Mail or Text communications and I shall hold W Cosmetic Surgery harmless **therefore**, including with regard to any damages that may result. I understand that this insecure method of communication is not HIPAA compliant but may facilitate my care.

I understand that my receiving treatment or services from W Cosmetic Surgery is not conditioned upon my signing this consent.

Authorized Cell number: _____

Email address: _____

By my signature below, I acknowledge and agree that I have read and understand this Patient Consent to Electronic Communications and hereby willingly and voluntarily give my consent to engage in electronic communications with W Cosmetic Surgery, as set forth above.

Signature

Date

Print Name

Date