



**CORVALLIS**  
pain management

**AUTHORIZATION TO EMAIL HEALTH INFORMATION**

Whenever I ask to see my medical information, I authorize and direct Corvallis Medical Group LLC, (Practice) to send me my medical records - including, but not limited to chart notes, scans, and billing-related information - via unsecured email at:

\_\_\_\_\_ (email address)

I understand the email is unsecure while in transit between Practice and me. Practice does not and cannot ensure the information will not be lost, compromised, or hacked while in transit, and I knowingly accept this risk.

I have reviewed and I understand this Authorization. I also understand that the information emailed pursuant to this Authorization may no longer be protected under federal law if lost, compromised, or hacked in transit. Unless revoked earlier, this Authorization shall remain in effect until my death.

\_\_\_\_\_ (PRINT NAME) DOB: \_\_\_\_\_

\_\_\_\_\_ (SIGNATURE) DATE: \_\_\_\_\_

**AUTHORIZATION TO SEND TEXT MESSAGES CONTAINING HEALTH INFORMATION**

I authorize and direct Corvallis Medical Group LLC, (Practice) to communicate with me via unsecured text messaging for purpose of sending appointment reminders at:

\_\_\_\_\_ (cellular phone number). I understand the text messages are unsecure while in transit between Practice and me. Practice does not and cannot ensure the information will not be lost, compromised or hacked while in transit, and I knowingly accept this risk. I understand that standard text messaging rates will apply to any messages received from Practice. I also understand that I may revoke this permission in writing at any time.

I have reviewed and I understand this Authorization. I also understand that the information SMS-messaged pursuant to this Authorization may no longer be protected under federal law if lost, compromised, or hacked in transit. Unless revoked earlier, this Authorization shall remain in effect until my death.

**OPT OUT:** \_\_\_\_\_ I do **not** authorize Practice to send me text messages.

\_\_\_\_\_ (PRINT NAME) DOB: \_\_\_\_\_

\_\_\_\_\_ (SIGNATURE) DATE: \_\_\_\_\_