Beacon Infusion
Healthcare Services

Headquarters Location:
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CONSENT for COMMUNICATION

I the undersigned hereby consent and permit the staff of Beacon Infusion Healthcare Services LLC and its affiliates, partners and licensees, including but not limited to clinical staff, pharmacy staff, clerical staff and billing staff to communicate with me and my other doctors, nurses, therapists and care-givers (all of whom, collectively, are "Providers"), as well as with myself, via e-mail, telephone or text message. This consent is for all aspects of my care, treatment and interactions at/with Beacon Infusion Healthcare Services LLC locations and facilities, and those of its affiliates, partners and licensees, including but not limited to test results, medical notes, prescriptions, appointments and billing.

I understand that e-mails and text messages are not confidential methods of communication, and may have the following risks, including but not limited to:

- Messages can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.
- Senders can easily misaddress an e-mail or text and send the information to an undesired recipient.
- Back-up copies of e-mails and texts may exist even after the sender and/or the recipient has deleted their copy.
- Your employers and/or on-line services may have a right to inspect e-mails and texts sent through their systems.
- E-mails and texts can be intercepted, altered, forwarded or used without authorization or detection or errors can occur in the transmission.
- E-mails and texts can be used as evidence in court.
- E-mails and texts may not be a reliable means of communication.
- E-mail and text messaging may not be secure, and therefore it is possible that a third party may breach the confidentiality of such communications.

I further understand that there is a risk that e-mail or text message communications between my Providers and myself, or between my Providers may be intercepted by third parties or transmitted to unintended parties. I also understand that any e-mail or text message communications about me, regardless of who the parties are, may be made part of medical record.

I understand that in an urgent or emergent situation I should call my physician or go to the Emergency Room, and not rely on e-mail or text message in such a scenario. I agree not to disclose sensitive medical information such as information relating to HIV, mental health or substance abuse. I understand and acknowledge that Beacon Infusion Healthcare Services LLC and its affiliates, partners and licensees and their staffs cannot guarantee the privacy, security or confidentiality of information transmitted via e-mail or text. I understand that I may revoke my consent at any time by advising Beacon Infusion Healthcare Services LLC in writing.

I have read, fully understand, accept and agree to all the above.

Patient Name (Please print clearly):_____

Signature of Patient: _____ Date: _____