



Cell phones (calls and text messaging) and emails, all have inherent insecurities. Please initial each section if you wish to use these and accept the security risks inherent in these technologies. **Please initial** if you would like to communicate via **email, text message, phone call/voicemail**:

_____ I authorize Dr. Rashid to provide my Health information as a **phone call/voicemail** at the following telephone number

_____ I authorize Dr. Rashid to provide my Health Information via **email**. I understand and accept the inherent limitation in security associated with email accounts. I authorize receipts and health information to the following email address(es)

_____ I authorize Dr. Rashid to provide my Health information as **text messages** at the following cell phone number (standard text messaging rates will apply)

Assignment and Release

I hereby assign my insurance or other third party carrier benefits to be paid directly to United Podiatry, PLLC and its physicians, realizing I am responsible for any resulting balance. I also authorize United Podiatry, PLLC to release any information required to process this claim to my insurance carrier and/or to my employer or prospective employer (for employer sponsored/paid for claims). I acknowledge that I am financially responsible for services rendered, and failure to pay any outstanding balances may result in collection procedures being taken. Further, I agree that if this account results in a credit balance, the credit amount will be applied to any outstanding accounts of mine, or to a family member whose account I am guarantor for.

Consent for Treatment

I hereby authorize the physicians of United Podiatry, PLLC to conduct such examinations and to administer treatment and medications as they deem medically necessary and advisable.

Acknowledgement of Receipt of Notice of Privacy Practices

I acknowledge that I was provided with a copy of the Notice of Privacy Practices and that I have read (or had the opportunity to read if I so chose) and understood the Notice.

Patient Name (please print)

Date

Patient Signature

Parent or Authorized Representative (if the patient is a minor)