

Anchorage Neurosurgical

BRAIN | SPINE | NERVES | EST. 1981

ANCHORAGE NEUROSURGICAL ASSOCIATES, INC.

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PATIENT CONSENT TO ELECTRONIC COMMUNICATIONS

As a patient of Anchorage Neurosurgical Associates, Inc. ("ANAI") I hereby request and consent to have my physician, non-physician provider, and other staff at ANAI communicate with me by email or text message regarding various aspects of my medical care, which may include, but shall not be limited to, test results, prescriptions, appointments, and billing. I understand that email or text message is not a confidential method of communication and may be insecure. I further understand that, because of this, there is a risk that email(s) or text message(s) regarding my medical care might be intercepted and read by a third party.

I understand that although ANAI tries to read and respond promptly to all emails from patients, ANAI cannot guarantee that any particular email will be read and responded to within any particular time period. I understand that for this reason I should not use email for medical emergencies or other time-sensitive matters.

I understand that I may revoke this consent at any time by delivering written notice to ANAI.