

**DURANGO REPRODUCTIVE MEDICINE
Patient Email/Text Permission Form**

In order to optimize our communication with our patients, we are offering the use of EMAIL and PHONE TEXT for basic questions, answers and routine check-ins (such as last day of menstrual cycle or new medicine’s reactions). By using email or phone text, we can avoid playing telephone tag with our patients, as well as having the benefit of an accurate record of our communications with you. Another benefit of email/text over telephone messages is that we will be able to provide you with your lab results in writing and should you have further questions regarding these, you will have the results before you when asking questions of your doctor.

We are still suggesting that sensitive information be discussed in person or over the telephone because, at this time, our email system and phone text is not encrypted.

Durango Reproductive Medicine (DRM) assures you that we will not provide your email or phone text information to anyone without your permission. We recognize that everyone will not prefer to use our email or text system; however, we see this as a potential benefit to you as a patient to receive feedback quickly via email or text either on your computer or smart phone.

We appreciate your continued trust in us and continue to seek ways to improve our service to you.

Sincerely,
Dr. Joe C. Gambone, DRM

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**BY SIGNING THIS FORM, YOU ARE GIVING PERMISSION FOR
OUR OFFICE TO COMMUNICATE WITH YOU BY EMAIL OR
PHONE TEXT THAT IS NOT ENCRYPTED.**

I, _____ , give my permission for Durango Reproductive Medicine to communicate my medical information to me via the internet email and text system.

Name: (please print) _____

Signature: _____

Email Address: _____

Text Phone Number: _____

Date: _____