

Dr. Mark Mofid MD., APC
Patient consent for use of Credit cards, Debit Card, and Financing-
Disclosure of Protected Health Information

It may become necessary to release your protected health information to financial parties, credit card entities, banks, and financing companies, when requested, to facilitate, your payment.

Services that are performed that are paid with a credit card, debit card, or financing third-party are not eligible for payment challenges after services provided. By signing this form, I am irrevocably consenting to allow Dr.'s Mark & Mona Mofid, MD., APC to use and disclose my protected health information to any Credit Card Entity, Bank, or Financing Company when they request such information to process an account and assist with payment.

Initial here _____ I will not challenge such credit, debit, or financing card payments once the services are provided. The practice encourages complete post-op care and follow-up interaction to address any issues that might arise, which are further addressed in the Revision Policy.

Initial here _____ I agree that this non credit card challenge agreement is irrevocable.

Signature of Patient or Legal Guardian

Print Patient's Name

Date

Patient consent for use of unsecure text and emails
Disclosure of Protected Health Information

"Federal law prohibits this practice from sending you texts or email which are unencrypted or "unsecure." However, many patients find it convenient to communicate with our office by traditional text and/or email. Those modes of communication are generally not considered "secure." Some patients appreciate the tradeoff between ease of use / convenience and security. We want to accommodate your preferences. If you would like to communicate with us by "unsecure" text or email, please confirm below. Obviously you can change your mind at any point down the road. Just let us know in writing so we can stay updated with your preference(s).

I provide consent for the practice to communicate with me by "unsecure" text; that text number being:

_____ (number) _____ (signature/date);

I provide consent for the practice to communicate with me by "unsecure" email; that email address being:

_____ (email address) _____ (signature/date)"

In parallel, there are software tools which allow patients to communicate securely with practice. Most patients do not use them because of the extra effort involved (login, patient needs software, etc). If Dr. Mofid uses a patient portal, the portal will typically enable some type of secure communication tool.

The doctor should have an email policy which defines what patients should understand on proper use and improper use for email/texting. "With your permission email or texting of communication is a reasonable way to connect with your doctor if an immediate answer is NOT required. Your physician will respond within one working day to your message – often sooner. Please note that any issues that are urgent or emergent should be addressed by CALLING our office and letting staff or answering service know you believe the issue is urgent or emergent.

Examples of reasonable communications via email or texting include the following:

Prescription renewals

General medical advice from your physician

Routine referral requests

Follow up communication with your physician