## Consent for digital/electronic communication (cell phone, email and text)

I,, allow Heidi Van Doeren to send mo following information:	e (through email and/or text) the
following information:	
General practice information (policies, vacations, schedul Invoice/receipt showing balance, code for treatment and I Occasional information pertinent to my care (articles, refework, etc).	OSM (diagnosis) code
The email and cell phone I consent to receive such information is:	
Email	
Cell:	
Additionally, I allow Heidi Van Doeren to make and receive cell phonon business cell to the above cell phonon number. I further acknowledge sometimes be necessary in order to meet my session obligation, with phonon (412.720.2123)	ge that phone sessions, which may
By signing this, I acknowledge that digital/electronic communication messages, email and text, are sometimes unreliable. Mistakes in decoccasionally occur, in addition to email or texts sent but never recewilling to assume responsibility for any unreliability inherent in digitals.	elivery of email to incorrect addresses do ived by the intended recipient. I am
I can revoke this consent at anytime notifying Heidi Van Doeren in	writing of such revocation.
Client name:	
Client signature:	Date: