

# Electronic Communication HIPAA Agreement



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I, the undersigned patient, hereby authorize Limelight Medical Aesthetics to communicate with me via SMS (text message) and email for purposes related to my healthcare and treatment. I understand that the use of electronic communication carries certain risks, including the potential for unauthorized access, interception, or disclosure of my protected health information (PHI).

By scheduling an appointment, I acknowledge the following:

## **Purpose of Communication**

I authorize Limelight Medical Aesthetics to contact me via SMS and email for the following purposes:

- Appointment reminders and scheduling
- Test results and follow-up instructions
- Treatment updates and reminders
- Billing and payment information
- General communications related to my healthcare

## **Potential Risks**

I understand that there are risks associated with electronic communication, including:

- Unauthorized access to my PHI
- Interception or disclosure of sensitive information during transmission
- Risks associated with using personal devices and unsecured networks

## **Security Measures**

I acknowledge that Limelight Medical Aesthetics will take reasonable measures to secure the communication and protect my PHI. However, I understand that no method of electronic communication is completely secure, and I assume the risks associated with such communication.

## **Privacy and Confidentiality**

I understand that Limelight Medical Aesthetics will handle my PHI in accordance with the Health Insurance Portability and Accountability Act (HIPAA) and applicable privacy laws. My PHI will only be used or disclosed as necessary for my treatment, payment, and healthcare operations.

## **Revocation of Consent**

I have the right to revoke this consent for electronic communication at any time by notifying Limelight Medical Aesthetics in writing. If I revoke this consent, Limelight Medical Aesthetics may no longer communicate with me via SMS or email for purposes related to my healthcare.

## **Rights and Alternatives**

I understand that I have the right to request alternative means of communication or restrict the use of electronic communication. However, I acknowledge that certain information and services may require electronic communication for timely and efficient delivery.

## **Release of Liability**

I release Limelight Medical Aesthetics, its healthcare providers, and staff from any liability arising from the use of electronic communication in accordance with this waiver, except for cases of willful misconduct or gross negligence.

I have read and understood the terms of this HIPAA waiver for electronic communication. I voluntarily consent to Limelight Medical Aesthetics contacting me via SMS and email for purposes related to my healthcare.

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