

**Raval Facial Aesthetics & ENT, PC
3773 Cherry Creek North Drive
Suite 132
Denver, CO 80209**

Electronic Communication Consent

Patient Name _____

Cell Phone _____

E-mail Address(es) _____

How do you prefer to be contacted? E-mail Phone Text Message (circle)

Communication over the internet, via email or text may not be encrypted and may not be secure. There is no assurance that your confidentiality can be maintained when communicating via the internet, email or text.

I certify that the email address(es) listed above are correct and authorize Raval Facial Aesthetics, P.C. to send messages to me at the emails address(es) listed.

I understand and acknowledge that communications over the internet via email may not be encrypted or secure.

I agree to use the telephone contact for any and all emergency contact circumstances rather than email or text contact to assure timely communication and to obtain direction for times when Jeffrey Raval, MD, FACS or his staff may be unavailable.

I agree the hold. Jeffrey Raval, MD, FACS and/or his staff harmless for any and all claims and liabilities arising from or related to my request to communicate via the internet, email or by text.

Patient Signature

Date