



**EMAIL SHOULD NOT BE USED FOR MEDICAL EMERGENCIES.**

TAMHSC-CBHEC will make every effort to read and respond to an email from you. TAMHSC-CBHEC cannot guarantee that any particular email will be read and responded to within any particular period of time. Therefore, should you need immediate assistance, please call TAMHSC-CBHEC or your physician’s office.

By consenting to communicate with TAMHSC-CBHEC through email, you also agree to the following responsibilities:

- If you send an email to TAMHSC-CBHEC that requires or invites a response, and one is not given within a reasonable timeframe, it is your responsibility to notify TAMHSC-CBHEC that the email was received. You cannot assume that because it was not returned that it was received.
- It is your responsibility to schedule appointments.
- You should NOT use email in order to make disclosures about sensitive medical information such as:
  - Substance Abuse
  - AIDS/HIV
- It is your responsibility to inform TAMHSC-CBHEC of any changes to your email address.

Should you want to restrict any other kind of information that may be disclosed through the use of email, please list the restrictions below:

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TAMHSC-CBHEC is not required to comply with your request. If we chose not to comply, we will not communicate with you via email.

Should you wish to revoke this consent, revocation must be made in written form or email. In either case, the revocation must be addressed to Maria E. Garcia, who may be contacted at the following address or email:

[megarcia@tamhsc.edu](mailto:megarcia@tamhsc.edu)

P.O. Box 2565  
Corpus Christi, TX 78403

Despite the risks associated with e-mail, I agree that my TAMHSC-CBHEC and his/her workforce may use email to facilitate communication to or about me. I understand that disclosures regarding my treatment and diagnosis may be made to not only me, but also internally within TAMHSC-CBHEC or to appropriate third parties for services, such as billing.



**PATIENT ACKNOWLEDGEMENT AND AGREEMENT:**

I acknowledge that I have read and fully understand this consent form.

I understand the risks associated with the communication of email as set forth in this consent form.

I hereby give consent for Texas A&M Health Science Center Coastal Bend Health Education Center (CBHEC) to send text and email notifications for the purpose of health promotion, appointment reminders and confirmation. I understand that I will be responsible for any standard mobile phone rates that may apply through my mobile phone provider.

I understand that I have the right to cancel the text and email notifications at any time. If I no longer wish to receive text and email notifications to the mobile number and email address listed below, I must notify CBHEC staff by phone or in writing.

I will notify CBHEC staff if I change my mobile phone number and understand that a new consent form is required.

To join our text messaging list, text the phrase **4myhealth** to the short code **313131**.

I confirm that I understand the above statement and that I am the patient listed below. \_\_\_\_\_  
*(Initial)*

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Email: \_\_\_\_\_