

COSMETIC

Surgical Center
The doctor to trust for your beautiful new look

Vasdev S. Rai, M.D.
www.drrai.net
E-mail: drrai@flash.net

7777 Forest Lane, C-612
Dallas, TX 75230
972-392-3511

CONSENT FOR USE OF E-MAIL AND/OR TEXT COMMUNICATIONS

To serve you better, we have established an e-mail address and a way to text message. These will be used for communications about routine matters between our office and you. So please feel free to contact us at drrai@drrai.net. Remember, however, that this form of communication is **not appropriate for use in an emergency**. The turn around time for routine patient communications is 3-5 days, so use this form only for requests that do not require an immediate response. **Should you require urgent or immediate attention call us via telephone.**

We would like to use email communications for the following reasons:

- (1) Schedule appointments
- (2) Non urgent questions
- (3) To stay in touch
- (4) Brochures
- (5) Updates from the office

When sending an e-mail, please put the subject of your message in the subject line. Also, be sure to put your name and return telephone number in the body of the message, so we can contact you directly.

We will use text message communications for confirming appointments only.

Communications relating to medical care may be filed in your medical record.

We are dedicated to keeping your medical record confidential. Despite our best efforts, due to the nature of e-mail and texting, third parties may have access to messages. When communicating from work, you should be aware that some companies consider e-mail and phone communication corporate property and your messages may be monitored.

I understand that this office will not be responsible for information loss or delay or breaches in confidentiality that are due to technical factors inherent to electronic messaging. Please be advised that your standards rates will apply to sending and receiving text messages.

I understand and agree to the above e-mail / text message policy.

Please check this box if you do not wish to receive text messages

Patient Signature

Witness (optional)

Date