



Electronic Communications Consent

Dear Patient,

Urology Austin acknowledges the convenience of electronic communication; therefore, you may be contacted periodically. Please review the Electronic Communications Consent.

Email Consent

Do not use email for medical emergencies or sensitive medical information. Find the phone number of the office you visit by going to www.urologyaustin.com/locations. If you agree to communicate through email, follow up if you don't receive a response within a reasonable time frame. Notify us of any changes in your email address. Be aware that transmitting patient information by email carries risks, including being easily circulated, forwarded, and stored in both paper and electronic formats. Emails can also reach unintended recipients, be sent to the wrong address, and be prone to falsification, interception, alteration, and virus introduction. Emails can serve as court evidence and can exist in backup copies even after deletion.

Urology Austin will protect email communication as required by HIPAA, HITECH, and Texas law. However, it cannot guarantee complete confidentiality and security. Urology Austin is not liable for any disclosures that occur through no fault of its own.

Consent to Call

By accepting the patient agrees to let the practice contact them via phone using the information provided during registration. Any phone number entered gives consent to receive automated calls from the Practice.

Consent to Email

By accepting the patient agrees to receive automated text alerts from the practice on their mobile phone. Depending on the practice's features, text alerts may be about appointments, test results, and more.

By signing below, I acknowledge that I have read, understand, and agree to this Electronic Communications Consent. I agree that the contact information I give to Urology Austin PLLC or any service provider of Urology Austin PLLC ("UA"), such as telephone numbers, email addresses, and text messages, may be used by UA and third parties acting for UA to communicate with me regarding my treatment or my account, including appointment follow-up, treatment reminders, and patient feedback requests.

Patient Name

Date

Patient Signature