

## ELECTRONIC CORRESPONDENCE

I, \_\_\_\_\_, give permission to Dr. Rottler and staff to email and/or text information and/or photos pertaining to my care. Information that may be sent can include appointment dates and times, documents related to surgery scheduling and answers to simple questions. More complex questions may require a phone call by the doctor. I understand that these messages will be sent through unsecured servers and therefore at risk of security breach.

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

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

Witness: \_\_\_\_\_

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