



CONSENT FOR ELECTRONIC COMMUNICATIONS

We at Bass Medical Group are committed to providing you with convenient and efficient healthcare services, including electronic communication options. Please read this form carefully and indicate your consent below.

Purpose:

This form outlines your agreement to receive electronic communications from Bass Medical Group and its affiliated healthcare providers, including but not limited to:

- Appointment Reminders
- Test Results (when appropriate and permitted by law, including California laws regarding disclosure of sensitive information).
- Billing Statements and Payment reminders
- Health information and educational materials
- General announcements and updates from practice
- Patient satisfaction surveys, including post-appointment feedback.
- Health screening reminders based on patient demographics.

These communications are supplemental to physician/patient encounters. BASS Medical Group will not provide diagnosis or treatment based solely on electronic communications.

Types of Electronic Communications:

We may use the following method to communicate with you Electronically:

- Email – Sent to email address you provide to us.
- SMS/Text Messages: Sent to the mobile phone number you provide to us.
- Patient Portal/Website: Secure online portal accessible through our website.

Risks of Electronic Communications:

While we take precautions to protect your privacy, there are inherent risks associated with electronic communications, including:

- Unauthorized Access: Although we use secure methods to communicate with you, there is a risk that unauthorized individuals or entities could access your information.
- Misdelivery: Emails or text messages could be sent to the wrong address or phone number if the number or email address we have in our file for you is incorrect or changed without notice to us.
- System Errors: Technical issues could prevent you from receiving or accessing electronic communications.

Your Responsibilities:

- Provide us with accurate and up-to-date contact information (email address and phone number).
- Promptly notify us of any changes to your contact information.
- Check your email, text messages, and patient portal regularly.
- Understand that electronic communication is not a substitute for in-person or phone communication in urgent situations. For urgent medical matters, please call our office directly and if you have an emergency medical situation, dial 911 or seek immediate medical attention at a nearby healthcare facility.
- Understand that you can withdraw this consent at any time and for questions or concerns, please contact our clinic.

California Privacy and Security:

- We are committed to protecting the privacy and security of your health information, including compliance with the California Confidentiality of Medical Information Act (CMIA) and HIPAA.
- We use secure methods to transmit and store electronic communications. We will not sell, rent, or lease your protected health information.

Certain health information is considered sensitive under California law (e.g., mental health records, substance abuse treatment, HIV/AIDS status, genetic testing). We will take extra precautions when communicating such information electronically, including obtaining specific authorization when required by law.

♦ MAIN OFFICE ♦

2637 Shadelands Drive, Walnut Creek, CA 94598 ♦ PHONE NUMBER ♦ 925-627-3424

FAX NUMBER ♦ 925-627-3560



Withdrawal of Consent:

- You may withdraw your consent to receive electronic communications at any time by notifying us in writing or through the patient portal.
- Withdrawal of consent will not affect the lawfulness of processing based on consent before its withdrawal.
- Opting out will not affect your healthcare or your relationship with BASS Medical Group or your individual healthcare provider.
- You can opt out of these communications at any time using one of the following methods:
 - For text messages: Reply "STOP" to any message
 - For emails: Click the "OPT OUT" button at the bottom of any email
 - Send a letter via physical mail to:
BASS Medical Group
2637 Shadelands Drive
Walnut Creek, CA 94598

Electronic Communications Consent:

I hereby consent to receiving messages as indicated above from Bass Medical Group, its affiliates and affiliated providers. These parties may use the provided information to contact me by e-mail, live agent, voice mail, text message or pre-recorded message, including by using an auto-dialer or other computer assisted technology, patient portal, or by any other electronic communication for purposes that include appointment and follow-up health care reminders, pre-registration, surveys, prescription information, health-related products or services that may be of interest, my account(s), assignment of benefits, and financial responsibility. I understand that depending on my phone plan, I could be charged for these calls or text messages. I also understand that providing this contact information and consent are not conditions to receiving health care services. With respect to text messages, I understand that I can opt-out at any time by replying "STOP" to the text message from my mobile device.

This consent applies to communications from BASS Medical Group and its affiliated healthcare providers, regardless of your primary care provider.

By signing below, you acknowledge that you have read and understand this consent form, including the potential risks and limitations of electronic communication

Print Name: _____

Signature: _____

Date: _____

HIPAA / NOTICE OF PRIVACY & CONSENT FORM

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