

Dr. Glenda Thomas, DNP, FNP-C

611 S. Carlin Springs Rd. Suite 412
Arlington, VA 22204 Telephone: (703) 344-2004 Fax: (703) 931-1819 Email: office@venesaludpc.com

ELECTRONIC COMMUNICATIONS POLICY

Thank you for choosing us as your Primary Care Clinic. We are committed to providing you with the best possible health care. The following policies is to inform you about communicating with our office using electronic methods, i.e. text, email, internet, etc.

Electronic Communications

Please be aware the communications via email, text, or over the internet are <u>not secure</u>. Although it is unlikely, there is a possibility that information you include using these methods can be intercepted and read by other parties besides the person to whom it is addressed. Any information sent to us via these methods is considered consent to communications using these methods as acceptable to you, and you assume all liability and risk of interception. Please do not include personal identifying information such as your birth date, or medical information in any electronic communications you send to us. Please <u>do not communicate any personal information</u> to us via social media, i.e. Facebook, Messenger, Twitter, Snapchat, etc. as these networks are open to the public. Please feel free to contact us if you have concerns or wish to communicate via more secure means. Also, we cannot diagnose your condition from text, email, or other written communications, which cannot replace your direct relationship with your provider.

Website

For general information about our practices including directions, office hours and closures please visit http://www.venesaludpc.com.

VeneSalud Primary Care reserves the right to change the office policy and procedures at any time and without notification. An updated form will be available upon your request.

Certification

I have acknowledged that I have read and fully understand the above policy. I understand and fully accept the terms herein. I agree that a photocopy of this agreement shall be valid as the original. This authorization shall remain valid until revoked in writing.

Signature of Patient/Patient's representative	Date	
Printed name of person signing above		