



PEDIATRIC Communication Media Release Form

I, (Guardian Name) _____, hereby consent and state my preference to have the physician, Tuan M Vo DO and other staff at Sunrise Family Medicine PLLC communicate with me by phone, email or standard SMS/text messaging regarding various aspects of my (child's/minor in my care) medical care, which may include, but shall not be limited to, test results, prescriptions, appointments, and billing. I understand that phone, email and standard SMS/text messaging are not confidential methods of communication and may be insecure. I further understand that, because of this, there is a risk that, phone, email, and standard SMS/text messaging regarding my child's medical care might be intercepted and read by a third party. I understand and accept these risks and release Dr. Tuan M Vo DO and any of his staff at Sunrise Family Medicine PLLC from all liability should this occur. It is in good faith and professional manner that Dr. Tuan M Vo DO and his staff, will do their best to maintain to the best of their ability, the security of information contained in these messages.

Patient/Child's name: _____

Date: _____

Acknowledged by Sunrise Family Medicine PLLC Staff:

Tuan M Vo DO

Date: _____