

Consent for Electronic Information Exchange

Date: _____

To: [Recipient's Name]

[Recipient's Address]

Dear [Recipient's Name],

I, [Your Name], hereby give my consent for the electronic exchange of my personal information as required for [specific purposes, e.g., treatment, coordination of care, billing]. I understand that this information may be shared with necessary parties involved in my care.

I acknowledge that I have been informed about my rights regarding my personal information and that I can revoke this consent at any time by providing written notice.

By signing below, I confirm that I understand the terms and conditions regarding electronic information exchange and voluntarily agree to participate.

Signature: _____

Name: _____

Date: _____

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Address]

[Your Contact Information]