

## **ELECTRONIC COMMUNICATION POLICY**

Any email\* or Elation Passport\*\* message that requires more than 5 minutes of a physician's time (such as reviewing labs or coordinating care with other providers) and involves medical advice or a review of records will be invoiced at the fee schedule below. We will initially bill to insurance if applicable, and if not covered, patients will be invoiced directly.

0-5 min: included in your care		
5-15 min: \$15		
16-30 min: \$45		
31-45 min: \$60		
46-60 min: \$95		
I accept financial responsibility for electronic com	nmunication based on the p	olicy above.
Patient's Name (PRINT)		
Patient/Representative Signature	 Date	
*In order to secure your privacy and uphold HIPAA, elwill be through our electronic health records carrier, Elation Passport after your first visit if you wish to conemail to set up your account).	lation Passport. You will need	to create an account with
**Email may still be used to communicate any issue the directions, etc). This is not subject to the above fees.	nat does not involve your healt.	hcare (i.e. scheduling,