

Curtis L. Mosier, M.D.

Victor L. Cobos, M.D.

1300 Fulton St. #203
Denton, Texas 76201
Phone: 940-382-2646 Fax: 940-384-1610

Patient Guidelines and Consent For Use of Email Communications

To better serve our patients, this office has established an email address for some forms of communication. For routine matters that do not require an immediate response, please feel free to contact us at the following email addresses.

- Dr. Cobos' Medical Assistant- Tommie tommiek@mcsurgical.net
- Dr. Mosier's Medical Assistant- Karry kswearingen@mcsurgical.net

Please be aware this form of communication is not appropriate for use in an emergency. The turnaround time for routine patient communication is 24 hours and may be subject to service provider delays.

Should you require urgent or immediate attention, this medium is not appropriate.

Types of communication that are appropriate for email include:

- Scheduling inquiries
- Non-urgent medical advice
- Educational materials

When sending an email, please put the subject of your message in the subject line so we can process it more efficiently. Some forms of communication (e.g., HIV, mental health, work related injuries and disability) are not appropriate for email. Be sure to include your name, date of birth, and return telephone number in the body of the message. We also ask that you acknowledge receipt of emails coming from this office.

Communications relating to diagnosis and treatment will be filed in your medical records.

This office is dedicated to keeping your medical information confidential. Despite our best efforts, due to the nature of email, third parties may have access to messages. When communicating from work, you should be aware that some companies consider email corporate property and your message may be monitored. In addition, you should be aware that, although addressed to a specific individual, this office's staff and/or colleagues would have access to this information.

I understand that this office will not be responsible for breaches in confidentiality or information loss or delay that are due to technical factors beyond this office's control.

I understand and agree to the above email policy.

Printed Name: _____

Signature: _____ Date: _____