

## **Consent to Use Electronic Communication (Email, Text messaging) for Medical Care**

I \_\_\_\_\_, consent to the use of electronic communication with Robin Fleck, MD at Vitalite Optimum Health & Beauty Med Spa, LLC, for transmission of medical information.

I am aware that breaches of this confidential data may occur and I agree to indemnify and hold harmless Dr. Fleck and Vitalite Optimum Health & Beauty Med Spa, LLC, for such breach.

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Patient Name

Date