

PATIENT CONSENT FOR INFORMATION TO BE COMMUNICATED BY E-MAIL

Name: _____

E-mail address: _____

Conditions for the use of your E-mail

By consenting to the use of e-mail with Connall Cosmetic Surgery and Associates, you agree that:

A) Connall Cosmetic Surgery may forward e-mails as appropriate for diagnosis, treatment, reimbursement, and other related reasons. As such, Connall Cosmetic Surgery staff members, other than the recipient, may have access to e-mails that you send. Such access will only be to such persons who have the right to access your e-mail to provide services to you. Otherwise, Connall Cosmetic Surgery will not forward e-mails to independent third parties without your prior written consent, except as authorized or required by law.

B) Connall Cosmetic Surgery reserves the right to save your e-mail or information contained within your e-mail in your medical record.

Patient Acknowledgement and Agreement

Connall Cosmetic Surgery will use reasonable means to protect the privacy of your health information sent by e-mail. However, because of the risks associated with the use of the internet and e-mail, Connall Cosmetic Surgery cannot guarantee that e-mail communications will be confidential. Additionally, Connall Cosmetic Surgery will not be liable in the event that you or anyone else inappropriately uses your e-mail. Connall Cosmetic Surgery will not be liable for improper disclosure of your health information that is not caused by the Connall Cosmetic Surgery.

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communications of e-mail between Connall Cosmetic Surgery and me, and consent to the conditions outlined herein, as well as any other instructions that Connall Cosmetic Surgery may impose to communicate with me by e-mail. Any questions I may have had were answered.

May we e-mail you for follow-up, including medically related messages and issues?
(Please initial one) Yes No

May we e-mail and mail you practice updates, newsletters, or other non-medically related topics?
(Please initial one) Yes No

May we use e-mail as our primary form of communication with you?
(Please initial one) Yes No

Patient Signature: _____ Date: _____