

CAMPANILE PLASTIC SURGERY

E-mail Consent Form

Campanile Plastic Surgery will use all reasonable means to protect the privacy of patient's health information. However, you may desire that we communicate with you via e-mail or other non-protected forms of communication. In order for Campanile Plastic Surgery to e-mail any patient information, you must consent to this form of communication.

Communications over the Internet or using traditional e-mail systems are not encrypted and are inherently insecure. Confidentiality of information transmitted this way cannot be assured. If you wish to communicate with our office using a non-secure web messaging system, you must read and sign this form.

Consent for Health Information To Be Communicated By Electronic Mail:

I understand that e-mail is not intended to be used to communicate information that is considered urgent or emergent.

I understand and acknowledge that communication via e-mail is inherently insecure. I understand that there is no assurance of confidentiality of information when communicating in this way.

I will not hold Campanile Plastic Surgery liable in the event that I or anyone else inappropriately uses or accesses the e-mail correspondence between myself and Campanile Plastic Surgery.

By signing below, I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communications of e-mail between Campanile Plastic Surgery and me, and consent to the conditions outlined herein, as well as any other instructions that Campanile Plastic Surgery may impose to communicate with me by e-mail. I understand that this consent is valid until such time as I revoke this consent in writing.

Signature of Patient or Personal Representative

Date

Printed Name of Patient or Personal Representative

Email address