



## ELECTRONIC COMMUNICATIONS CONSENT FORM

I \_\_\_\_\_, acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communication of email between 1CLINIC physician/staff and me, and consent to the conditions outline herein, as well as any other instructions that the 1CLINIC physician/staff may impose to communicate with patients by email as outlined in the Electronic Communications Policy. I acknowledge and understand that despite recommendations that encryption software be used as a security mechanism for electronic communications, it is possible that communications with the 1CLINIC using e-mail may not be encrypted. Despite this, I agree to communicate with 1CLINIC using e-mail with a full understanding of the risk. I acknowledge 1CLINIC physician/staff 's right to, upon the provision of written notice, withdraw the option of communicating through e-mail. Any questions I may have had have been answered. I choose to receive electronic communications from 1CLINIC by e-mail at the number or address stated in my Patient Registration Form, including but not limited to communications about appointments, treatment, and payment.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

