



## PATIENT AGREEMENT FOR EMAIL COMMUNICATIONS

**Communications over the internet and /or using the email system are not encrypted and are inherently insecure. There is no assurance of confidentiality of information when communicated this way.** Nevertheless, you may request that we communicate with you via email. To do so, you must complete this form.

Please be advised that:

This request applies to the office Pediatric Ophthalmology Consultants including Pediatric Plus Optical DBA OPTIWOW or with Dr Roberto Warman, eyes4kids or optiwow.com

Pediatric Ophthalmology Consultants will not communicate health information that is specially protected under state and federal law (for example HIV/AIDS information, substance abuse treatment, mental health information) via email even if we agree to communicate with you via email.

Please provide us the email address to which communication should be addressed to

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Please initial each phrase:

\_\_\_ I certify the email address provided on this Request is accurate, and that I, or my designee on my behalf, accept full responsibility for messages sent to or from this address.

\_\_\_ I understand and acknowledge that communications over the internet and/or using the email system are not encrypted and are inherently insecure; that there is no assurance of confidentiality of information when communicated this way.

\_\_\_ I understand that email communication in which I engage may be forwarded to other providers, including providers not associated with Pediatric Ophthalmology Consultants, for purposes of providing treatment to me or my child.

\_\_\_ I agree to hold Pediatric Ophthalmology Consultants, Pediatric Plus Optical and individuals associated with it harmless from any and all claims and liabilities arising from or related to this Request to communicate via email.

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Signature of Patient or Legal Representative

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Date

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Name of Patient or Legal Representative