

E-Mail Consent Form

Patients are offered the opportunity to communicate by email. Transmitting patient information by email however, has risks that a patient should consider.

Some risks include, but are not limited to:

- An email may be circulated, forwarded and stored in files.
- A deleted email may be accessed through back up files.
- Unintended recipients may receive emails.
- Emails may be intercepted or used without detection.
- Emails may introduce viruses into a computer system.

I will use email to communicate with you only about non-sensitive and non-urgent matters.

Patient consent

I would like to use email to communicate with my therapist at times. I understand the risks of communicating via email, in particular privacy risks, and consent to this form of communication. I understand that I may revoke this consent at any time.

I have read the information in this form and give my consent for email communication with Susan Winograd PT.

Print Name

Date

Signature