

Informed Consent to E-mail Communication

I consent to receiving E-mail communication from Dr. Aaron Spingarn.

I understand that all E-mail messages are sent over the internet. Messages sent over the internet are not encrypted, are not secure and may be accessed by others. I understand that my E-mail communications with Dr. Spingarn will not be encrypted and Dr. Spingarn can not guarantee the confidentiality and security of any information that I send to Dr. Spingarn or that Dr. Spingarn sends to me via E-mail. I hereby give permission for Dr. Spingarn and his staff to reply to my messages via E-mail and to include any information that would be considered confidential that Dr. Spingarn deems appropriate. I agree that Dr. Spingarn and any employee or agent of Dr. Spingarn shall not be liable for any breach of confidentiality that may result from his use of E-mail via the internet.

I understand and agree that E-mail communication should not be used for urgent or sensitive medical matters since technical or other factors may prevent a timely answer and confidentiality cannot be guaranteed. If I believe that I need a response within 48 hours, I will not use E-mail but will call Dr. Spingarn. If I do not receive an answer to a routine E-mail message within 2 working days, I understand that I should call Dr. Spingarn. I understand that all E-mail communications may be made part of my permanent clinical record and may, therefore, be accessible to Dr. Spingarn, any future staff or doctors working with him, and to anyone to whom Dr. Spingarn or his office provides a copy of my clinical record whether pursuant to a request by me or under applicable law.

I also understand that I should only E-mail Dr. Spingarn from the E-mail address that I have listed below since Dr. Spingarn can not confirm my identity through another person's E-mail address. I understand that it is my responsibility to notify Dr. Spingarn in writing of any change of the E-mail address listed below.

I also understand that I may withdraw permission for Dr. Spingarn to communicate with me via E-mail by notifying Dr. Spingarn in writing.

Patient Name

Signature

Date

E-mail address