

## Patient Consent for Health Information to be communicated by E-Mail

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

### Conditions for the use of your E-mail

By consenting to the use of email with Dr. Dennis J. Hurwitz and The Hurwitz Center for Plastic Surgery, you agree that:

- a.) The Hurwitz Center may forward e-mails as appropriate for diagnosis, treatment, reimbursement, and other related reasons. As such, Hurwitz Center staff members, other than the recipient, may have access to e-mails that you send. Such access will only be to such persons who have a right to access your e-mail to provide services to you. Otherwise, The Hurwitz Center will not forward e-mails to independent third parties without your prior written consent, except as authorized or required by law.
- b.) The Hurwitz Center reserves the right to save your e-mail or information contained within your email in your medical record.

### Patient Acknowledgement and Agreement

The Hurwitz Center for Plastic Surgery will use reasonable means to protect the privacy of your health information sent by e-mail. However, because of the risks associated with the use of the internet and e-mail, Dr. Dennis J. Hurwitz and the Hurwitz Center cannot guarantee that e-mail communications will be confidential. Additionally, The Hurwitz Center will not be liable in the event that you or anyone else inappropriately uses your e-mail. The Hurwitz Center will not be liable for improper disclosure of your health information that is not caused by The Hurwitz Center's intentional misconduct.

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communications of e-mail between The Hurwitz Center and me, and consent to the conditions outlined herein, as well as any other instructions that The Hurwitz Center may impose to communicate with me by e-mail. Any questions I may have had were answered.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_