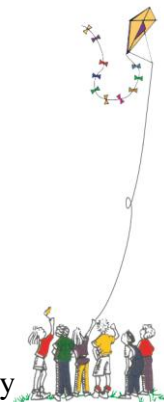


PATIENT CONSENT FOR USE OF EMAIL COMMUNICATIONS



To better serve our patients, this office has established a web portal for some forms of communication. For routine matters that do not require immediate response, please feel free to register on our website and contact us through our web portal. The turnaround time for routine patient communications is **24 business hours**. The service provider may delay message delivery. **Please remember that this form of communication is not appropriate for use in an emergency. Should you require urgent or immediate attention, this medium is not appropriate.**

Our office uses email for appointment reminders, confirmation of payments, and general notices.

This office is dedicated to keeping your medical record information confidential. Despite our best efforts, due to the nature of email, third parties may have access to messages. When communicating from work, you should be aware that some companies consider email corporate property and your messages may be monitored. Even when emailing from home, you may feel that access to your email is not well controlled, so you should take that into consideration. In addition, you should be aware that, although addressed to a physician or provider, Pediatric Healthcare of Northwest Houston, PA designated staff and/or colleagues would have access to this information.

I understand that this office will not be responsible for information loss or delay or breaches in confidentiality that are due to technical factors beyond this office's control.

I understand and agree to the above email policy.

By signing below, you are agreeing that we may send medical related correspondence to you via email, and that we may respond to your emails to us via email and web portal.

Patient's Name: _____ Date of Birth: _____

Parent/Legal Guardian's Printed Name: _____

Parent/ Legal Guardian's Signature: _____

Relationship to Patient: _____ Date: _____