

Consent for Internet Communications

We are very concerned with protecting your privacy. While the law requires us to give you this disclosure, please understand that we have, and always will respect the privacy of your health information. There are several circumstances in which we may have to use or disclose your health care information:

- We may have to disclose your health information to another health care provider or a hospital if it is necessary for our office to refer you to them for consultation or treatment.
- We may have to disclose your health information and billing records to another party if they are potentially responsible for the payment of your service.
- We may need to use your personal information to remind you of your appointments.

I understand that all email communications in which I engage may be forwarded to other providers for the purposes of providing treatment to me. This may include but not be limited to sending your x-rays and/or minimal personal information to other providers via email. We strive to keep all patient information secure but unfortunately there is no assurance of confidentiality of information when communicating this way.

I have read and understand this policy and agree to the terms.

Signed: _____ Date: _____