

Mary Lee Foundation Rehabilitation Center

E-MAIL CONSENT FORM

Patient Name: _____

Date of Birth: _____

E-mail address: _____

Phone: _____

Mary Lee Foundation Rehabilitation Center offers patients the opportunity to communicate with clinicians and office staff by email. Listed below is some information to consider:

- E-mails can be circulated, forwarded, or stored in paper and electronic files
- Both intended and unintended recipients can receive e-mails.
- Sender can misread e-mail address.
- E-mails are easier to falsify versus handwritten or signed documents.
- E-mails may exist even after the sender or the recipient has deleted their copy.
- E-mail accounts can be hacked without authorization or detection.
- E-mails can be used to introduce viruses into recipient's computer systems
- E-mails can be used as evidence in court.

I, _____, understand the risks stated above, I hereby authorize **Mary Lee Foundation Rehabilitation Center** to email information including, but not limited to, treatment notes, recommendations, scheduling, insurance and/or billing.

Patient/legal guardian

Date