

DuPont Associates, P.A.  
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### EMAIL CONSENT FORM

Some of the providers and the office staff at DuPont Associates, P.A., offer patients the opportunity to communicate by e-mail. Transmitting patient information by e-mail, however, has a number of risks that you should consider before using e-mail. These include, but are not limited to, the following risks: e-mail can be circulated; e-mail can be immediately broadcast and can be received by many unintended recipients; employers have the right to archive and inspect e-mails transmitted through there system; and e-mail can be used as evidence in court.

With these risks in mind, providers will use reasonable means to protect the security and confidentiality of e-mail information sent and received. However, because of the risk outlined above, DuPont Associates, P.A. providers and staff cannot guarantee the security and confidentiality of e-mail communications, and will not be liable for improper disclosure of confidential information that is not caused by the provider's intentional misconduct.

If you wish to communicate with your provider at DuPont Associates, P.A. using e-mail, you must agree with the following conditions: All e-mail to or from you will be made part of your medical record; understand that providers cannot guarantee that any particular e-mail will be read and responded to in any period of time; and if you have not received a response to your e-mail, it is your responsibility to follow up with your provider.

Please do not use email for medical emergencies or other time-sensitive matters.

By signing this agreement, you acknowledge that you have read and understand this consent form.

\_\_\_\_\_  
Patient or personal representative name

\_\_\_\_\_  
Date