

Greene Family Medicine, PLLC

Email Communication Informed Consent

Information contained in email messages may be privileged and confidential. There is some risk that any protected health information that may be contained in such email may be disclosed to, or intercepted by, unauthorized third parties.

Please be aware that email communication can be intercepted in transmission or misdirected. Your use of email to communicate protected health information to us indicates that you acknowledge and accept the possible risks associated with such communication.

Marjorie Ketzak, DO of Greene Family Medicine, PLLC will respond to your email query, but to do so via email, you must provide your consent, recognizing that email is not a secure form of communication.

I will use the minimum necessary amount of protected health information, (PHI), to respond to your query.

Please consider communicating any sensitive information by telephone, fax, or mail.

If you do not wish to have your information sent by email, please call me at (888) 617-6446 or make an appointment for an office visit.

If you wish to conduct discussions regarding your medical issues via email, please indicate your acceptance of this risk by signing below.

Patient Signature: _____ **Date:** _____

Physician's Signature: _____ **Date:** _____