



Restorative Health Care
800 Roosevelt Road
Building A, Suite 109
Glen Ellyn, IL 60137

CONSENT FOR ELECTRONIC MAIL (EMAIL) USE

I, _____, am
(Print name)

___ a) an established patient of Restorative Health Care, Dr. Heather Wisniewski

___ b) the legal representative of an established patient,

(Print patient's name)

I may want to communicate with Restorative Health Care or the office staff by e-mail. I understand the risks of communicating by e-mail, in particular the privacy risks explained in this form. I understand that Restorative Health Care cannot guarantee the security and confidentiality of e-mail communication. Restorative Health Care will not be responsible for messages that are not received or delivered due to technical failure, or for disclosure of confidential information unless caused by intentional misconduct.

I understand that I may also communicate with Restorative Health Care by telephone or during a scheduled appointment, and that e-mail is not a substitute for care that may be provided during an office visit. Appointments should be made to discuss any new issues or any sensitive medical information.

I understand that either I or Restorative Health Care may stop e-mail as a means of communication upon my written request.

I understand that I may revoke this consent at any time by so advising Restorative Health Care in writing. My revocation of consent will not affect my ability to obtain future health care nor will it cause the loss of any benefits to which I am otherwise entitled.

I have read and understand this form. I have had the opportunity to ask questions and my questions have been answered to my satisfaction. I understand and agree with the information contained in this form and give my consent for e-mail communications to and from Restorative Health Care.

PATIENT AUTHORIZATION / EMAIL:

Patient Authorized Email Address (Please print)

Patient Name (Print)

Date of Birth

Patient Signature (or legal guardian)

Date

Restorative Health Care offers our patients the opportunity to communicate by e-mail. This form provides information about the risks of e-mail, guidelines for e-mail communication, and how we will use e-mail communication. It will also be used to document your consent for us to communicate with you by e-mail.