



18220 State Highway 249, Suite 335
Houston, Texas 77070

CONSENT TO EMAIL COMMUNICATIONS

I understand that Milepost Medical, P.A., uses electronic mail (email) to communicate with its patients for the limited purposes set forth below. I further acknowledge and understand that email may not be a secure communication and that there may be some level of risk that the information in the email could be read by a third party. I understand these risks and wish to receive communications from Milepost Medical, P.A., by email for the limited purposes described below notwithstanding such risks. I further understand that Milepost Medical, P.A., will not be responsible for any unauthorized access of my protected health information while in transmission to me based on my request for email communications. I also understand that Milepost Medical, P.A., is not responsible for safeguarding my protected health information once it is delivered to me.

I give my consent to Milepost Medical, P.A., to communicate with me by email for the limited purposes of providing appointment scheduling and appointment reminders, communicating about medical issues as initiated by me, and about my account information.

I understand that I will receive no email communications from Milepost Medical, P.A., except for the limited purposes described above unless otherwise required by law.

Please indicate below if Milepost Medical, P.A., has your permission to communicate with you by email for the limited purposes described above.

_____ Yes. You may communicate with me by email for the purposes described above.

_____ No. Please do not communicate with me by email.

Signature of Patient/Patient Representative

Date

Relationship to Patient

Patient/Patient Representative's Email Address: