

## Email Consent Form

I, \_\_\_\_\_, am an established patient of Dr. Jane Murray's. I wish to participate in medical electronic mail ("e-mail") with Dr. Murray. I understand that this e-mail will not be entirely secure/private, although Dr. Murray will take every precaution to protect my privacy. All computer files and Internet transactions are protected through a password system.

I understand that my e-mail correspondence will be printed and placed in my medical record for documentation purposes.

I also understand that this mode of communication is to be used for non-urgent questions or communication only. Any urgent messages or needs will be relayed using regular telephone communication. Dr. Murray has informed me that e-mail may not be checked on a daily basis. It may take up to three (3) working days to receive a response to my e-mail query.

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Signature/Date

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Printed Name