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NEUROLOGIQUE FOUNDATION, INC.

P A T I E N T E - M A I L C O N S E N T F O R M

Patient name: _____

Patient address:

E-mail:

Neurologique Physician:

1. RISK OF USING E-MAIL

Transmitting patient information by E-mail has a number of risks that patients should consider before using E-mail. These include, but are not limited to, the following risks:

E-mail can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.

E-mail senders can easily misaddress an E-mail.

E-mail is easier to falsify than handwritten or signed documents.

Backup copies of E-mail may exist even after the sender or the recipient has deleted his or her copy.

Employers and on-line services have a right to inspect E-mail transmitted through their systems.

E-mail can be intercepted, altered, forwarded, or used without authorization or detection.

E-mail can be used to introduce viruses into computer systems.

Neurologique server could go down and E-mail would not be received until the server is back on-line.

E-mail can be used as evidence in court.

E-mails may not be secure, including at Neurologique, and therefore it is possible that the confidentiality of such communications may be breached by a third party.

2. CONDITIONS FOR THE USE OF E-MAIL Neurologique cannot guarantee but will use reasonable means to maintain security and confidentiality of E-mail information sent and received. Neurologique and Physician are not liable for improper disclosure of confidential information that is not caused by Neurologique's or Physician's intentional misconduct. Patients must acknowledge and consent to the following conditions:

E-mail is not appropriate for urgent or emergency situations. Neurologique and Physician cannot guarantee that any particular E-mail will be read and responded to within any particular period of time.

If the patient's E-mail requires or invites a response from Neurologique or Physician, and the patient has not received a response within two (2) business days, it is the patient's responsibility to follow-up to determine whether the intended recipient received the E-mail and when the recipient will respond.

E-mail must be concise. The patient should schedule an appointment if the issue is too complex or sensitive to discuss via E-mail.

All E-mail will usually be printed and filed in the patient's medical record.

Office staff may receive and read your messages.

Neurologique will not forward patient identifiable E-mails outside of Neurologique without the patient's prior written consent, except as authorized or required by law.

The patient should not use E-mail for communication regarding sensitive medical information, such as information regarding sexually transmitted diseases, AIDS/HIV, mental health, or substance abuse. Neurologique is not liable for breaches of confidentiality caused by the patient or any third party.

It is the patient's responsibility to follow up and/or schedule an appointment if warranted.

This consent will remain in effect until terminated in writing by either the patient or Neurologique.

In the event that the patient does not comply with the conditions herein, Neurologique may terminate patient's privilege to communicate by E-mail with Neurologique.

3. INSTRUCTIONS

To communicate by E-mail, the patient shall:

Avoid use of his/her employer's computer.

Put the patient's name in the body of the E-mail.

Key in the topic (e.g., medical question, billing question) in the subject line.

Inform Neurologique of changes in his/her E-mail address.

Acknowledge any E-mail received from Neurologique and/or Physician.

Take precautions to preserve the confidentiality of E-mail.

Protect his/her password or other means of access to E-mail.

4. PATIENT ACKNOWLEDGMENT AND AGREEMENT

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communication of E-mail between Neurologique, Physician and me, and consent to the conditions and instructions outlined, as well as any other instructions that Neurologique may impose to communicate with patient by E-mail. If I have any questions, I may inquire with Neurologique Privacy Officer.

I, for myself, my heirs, executors, administrators and assigns, fully and forever release and discharge Neurologique Foundation, Inc. and its affiliates, officers, directors, physicians, agents and employees, from and against any and all losses, claims, and liabilities arising out of or connected with the use of such E-mail.

Patient signature

Date

Witness signature

Date