

Chart # _____

Lawrence Otolaryngology Associates, LLC

E-mail Request

Patient Name: _____ **Date of Birth:** _____

Date: _____

With changes that have been made by CMS, a part of the US Dept. of Health and Human Services, we are required to offer our patients access to a patient portal and the ability to electronically communicate with our physicians/nurses securely. For our office to meet this requirement, we must collect e-mail addresses from our patients. Please know that:

1. Your e-mail address will be kept confidential and will not be used for any other purpose than those of our office.
2. We do not use e-mail to send health information unless requested by the patient (see below).
3. You will receive an invitation to join our patient portal and be given the opportunity to provide a review of your physician but are not required to do either.
4. Parents/guardians may use their e-mail address for their children.

Please print your email address clearly below:



Email Correspondence Release

At Lawrence Otolaryngology we understand that email allows a quick, convenient way to correspond with our patients. However, in order for us to use email as a way of communication, we will need your written permission to do so. Please know that your email is not shared with anyone other than our physicians and immediate staff who schedules appointments or surgeries, sends out statements, or sends other patient information. We WILL NOT send you emails containing personal information unless you specifically request that we do so.

Disclaimer:

You need to be aware that messages sent via email are routed and stored on multiple servers, then pass through the Internet and are sent to your email. If you have given us your work email, remember that your employer has the legal right to review the email.

- YES, I approve Lawrence Otolaryngology to send emails containing personal health information. Lawrence Otolaryngology will send emails containing personal health information ONLY upon receiving a phone call or email requesting such information.
- NO, I do not approve Lawrence Otolaryngology to send emails containing personal health information

Patient/Guardian Signature: _____

Date: _____