

***Acknowledgement for Email Communication Consent Form**

4. Patient Acknowledgment and Agreement. I acknowledge that I have been provided a copy of the Email Communication Consent and fully understand this form. I understand the risks associated with the communication of e-mail between Rheumatology Associates and me, and I consent to the conditions outlined herein. I further agree to waive any and all claims that may arise against Rheumatology Associates, employees and representatives resulting from the use or misuse of E-mail. In addition, I agree to the instructions outlined herein as well as any other instructions that Rheumatology Associates may impose to communicate with patients by e-mail. Any questions I may have had were answered.

Patient Signature _____

Date _____

Email Address _____