

Authorization to Communicate by Email

I, (please print) _____, hereby give my authorization to the Falcon Health Center for the purposes of communication by email. I understand that the Falcon Health Center does not have a secure, encrypted connection for email communication, and have received a copy of the Secure Email Communication with Patients Procedure. All of my questions have been answered.

Signature _____

ID# P00 _____

Date _____ Time _____

My E-mail address: _____