

KIDNEY DISEASE CONSULTANTS, PC

Consent for Email Communications

Please provide an email address if you would like to access our online lab result portal for patients.

(If you have chosen to Opt-out, please do not sign this form).

Patient Name: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

I understand and agree to the following:

o I certify the email address provided on this request is accurate, and that I accept full responsibility for messages sent to or from this address.

o I understand that all email communications in which I engage may be forwarded to other providers for purposes of providing treatment to me.

o I agree to hold Kidney Disease Consultants and individuals associated with it harmless from any and all claims and liabilities arising from or related to this request to communicate via email.

Signature of patient

Date