

Email Communication and Use Agreement

I understand that email is not an error free network, and may be seen by people other than Dr. Biemer, although Dr. Biemer's office will make every effort at assuring my privacy. I understand that email is never appropriate for emergencies or urgent situations. I understand that a copy of any email communication to or from me will be placed in my permanent record.

_____ I agree to allow James J Biemer MD PC to communicate with me via email about my protected health information (PHI).

_____ I agree to allow James J. Biemer MD PC to add my email to the listserve that receives James J. Biemer MD newsletters.

_____ I agree to allow James J. Biemer, MD, PC to use my email to create an account for me on James J. Biemer MD PC's secure patient portal that allows me to view, download and transmit my PHI in accordance with the Centers for Medicare & Medicaid Services (CMS)'s Meaningful Use of Electronic Health Records (EHR) Program requirements.

By signing below, I agree that I have reviewed and understand the information above, and that I have received (if I so wish) a copy of the Email Communication and Use Agreement. I understand that if I should change my mind at any time about my consent to any of the agreements listed above, I should provide James J. Biemer MD PC with written notification detailing the changes.

Email Address: _____

Signature: _____

Printed Name: _____

Date: _____