



In the new era of health care delivery, the use of Informational Technology has been given high importance. In fact, the National Commission of Quality Assurance (NCQA) recommends the use of e-mails as a form of communication with patients

Our e-mail complies with all HIPAA regulations regarding confidentiality. The conditions of e-mail communication are as follows:

1. A signed consent by our patients is required.
2. It is not to be used for urgent or emergency purposes
3. All e-mail communications will become part of the patients permanent health record.
4. Patients are recommended to not use work e-mails but it is their choice
5. We expect to respond to e-mails within 24 hours
6. E-mail can be used for requesting referrals, prescription refills, to request appointments and results of tests through our website.

www.heightsmedical.com

If you are interested in e-mail communication with the physicians and staff at Heights Medical, **regarding your healthcare**, please sign and date this consent form.

E-Mail Address: _____

Printed Name: _____

Signature: _____

Date: _____

