BERGER AUDIOLOGY
Your First Choice In Hearing Healthcare

Berger Audiology LLC

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Electronic Mail, Text and FAX Authorization

I,

whose email address is _____

request and authorize Berger Audiology LLC and its staff, to communicate with me and other authorized health care providers involved in my care about any aspect of my health and medical care by means of electronic mail, texting or Faximile:

- I understand electronic mail and texting are not appropriate for communication about all health issues, particularly those of an urgent nature and Berger Audiology LLC can make no guarantee of response within a certain time frame.

- I understand that electronic mail and texting are not encrypted and therefore not as confidential as mail or telephone communication.

- I understand that it is possible for a third party, including an employer, to intercept or read electronic mail without knowledge of either the sender or recipient of the mail. Because of the ease and informality with which electronic mail can be used and because electronic mail may be easily rebroadcast to multiple addresses, the potential loss of confidentiality associated with its use may be of greater consequence than that suffered with written or telephone communication.

- Since Berger Audiology LLC does not operate or control any service on the internet, I understand Berger Audiology LLC cannot and does not guarantee that use of this means of communication will be free from technological difficulties including, but not limited to, loss of message.

- I understand that information communicated by means of electronic mail will be incorporated and retained within my Berger Audiology LLC medical record. As a result, that information including, but not limited to my electronic mail address, may be disseminated as part of an authorized release of a copy of the medical record.

My signature below denotes that I accept the risk of loss of privacy of confidential medical information associated with communication by electronic mail, texting, Faximile, and nonetheless, agree to its use. I also agree that Berger Audiology LLC shall not be liable for any type of damage or liability arising from or associated with loss of confidentiality due to communication by electronic mail, texting, or faximile.

SIGN ONE OPTION BELOW (either the white or gray area)

_____ _____
Signed By Patient, Parent, Guardian, or Authorized Representative Date

My signature below denotes that I DO NOT WISH to receive any Private Health Information Documents through electronic mail.

_____ _____
Signed By Patient, Parent, Guardian, or Authorized Representative Date

Please Note: Questions concerning the appropriateness of communication by means of electronic mail and Faxing should be resolved prior to signing above.