

PLEASE READ THE EMAIL CONSENT FORM!!
IF YOU HAVE QUESTIONS, PLEASE CALL!!

To give consent to the “email consent form”, please do the following:

1) Send an email to me from the email address that you check regularly and would like me to use.

2) The subject should be “email consent”.

3) In the body of the email please type the following and fill in the blanks:

“ I acknowledge that I have read and fully understand the consent form. I understand the risks associated with the communication of email between Dr. Mohamed and me, and consent to the conditions. In addition, I agree to the instructions outlined, as well as any other instructions that Dr. Mohamed may impose to communicate with patients by email. All of my questions have been answered.

My name is: _____.

My email address is: _____.

For verification purposes, my birthdate is _____.

The password I would like to use is _____.”

4) Optional:

You may also type:

“ I would like email to be the main mode of communication between Dr. Mohamed and me.”

“I would like to receive bills by email so that I can pay by Paypal.”

“I would like to receive copies of all test results by email.”