



## Consent for Communication Via E-Mail (Provider to Patient)

\_\_\_\_\_

m

\_\_\_\_\_

t B/th

\_\_\_\_\_

\_\_\_\_\_ h / by s ttsh my hys \_\_\_\_\_  
\_\_\_\_\_ t with m sm mb /s th /st wh / / t / th / hys / s / / tt / /s d h /m /sts -m /  
/ g /d /g s /ts /mym d / / / dt / tm / t t st / s / lts / s / / t / s / / tm / ts / ll / g / t / / d /st / dth t -m / /s /t  
/ / d / t / lm th /d / / / / / th / / d /st / dth t th / s / / s / th t -m / / / / / t / s / / tw / / my hys / / / d  
m / sm mb /s / my hys / / / / / st / / / tw / / my hys / / / d th / hys / / s / / / tt / /s / / d h /m /sts  
/ g /d /g mym d / / / dt / tm / tm y / / t / t d by th /d / / s / / / sm tt dt / / / t / d d / / s / / / d /st / dth t  
/ y -m / / / / / t / s / / tw / / my hys / / / d m / sm mb /s / th / / / / st / / / tw / / my hys / / / d th / hys / / s  
/ / / / tt / /s / / h /m /sts / g /d /g mym d / / / dt / tm / tw / ll / / / t / d / t / d m d / / / / mym d / / / /d /  
/ / d /st / dth t / / / / g / t / / m / g / t / st / t / s / / sh / / d / / my / / d / / g / t / th / / / / g / / y R / / sm / / d / / st / / ly / / -m /

\_\_\_\_\_

\_\_\_\_\_

Sg. t /

\_\_\_\_\_

t d