

## Patient Request for Email Communications

There is no assurance of confidentiality of information when communicating through email. Nevertheless, you may request that we communicate with you via email. To do so, you must complete this form and return it to your health care provider's office.

Please be advised that:

- (1) This request applies only to the healthcare provider or office that you indicate below. If you would like to request to communicate via email with another health care provider or office, you must complete a separate request for that office.
- (2) This office will only email you information that you have officially requested. We do not have an automated system and are using our time to send out each individual email.

Please provide the following information:

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please specify the email address to which communications should be addressed:

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I am authorizing my provider as listed below to contact me via email communications:

**Dr. Gary W. Duncan, 2840 Legacy Drive, Suite 300, Frisco, Texas 75034.**

Please initial each blank and sign below:

\_\_\_\_ I certify the email address provided on this request is accurate, and that I, or my designee on my behalf, accept full responsibility for messages sent to or from this address.

\_\_\_\_ I understand and acknowledge that communications over the internet and/or using the email system are not encrypted and are inherently insecure; that there is no assurance of confidentiality of information when communicated this way.

\_\_\_\_ I agree to hold Dr. Gary Duncan and individuals associated with it harmless from any and all claims and liabilities arising from or related to this request to communicate via email.

\_\_\_\_\_  
Signature of patient or personal representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
If personal representative, authority to act on behalf of patient

\_\_\_\_\_  
Date