

# **INFORMED CONSENT FOR EMAIL**

**I have been informed, and fully recognize that any information I transmit via the internet including email cannot be safeguarded in the same manner other confidential information is handled.**

**Dr. Foust has advised me of the possible breach of my privacy using this form of communication. When I elect to use this mode of communication I do so taking full responsibility for any risks that might ensue. I will hold him harmless in the event anything untoward occurs.**

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date

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signature