

**Welch Pasteur Allergy Medical Group, Inc
Anita Carmen Choy M.D, Hailen Mak M.D
211 Quarry Road, Suite 106, Mail Code 5996
Palo Alto, CA 94304
PH: 650-322-3847 FAX: 650-322-3249**

Patient Authorization For E-mail Communication

I hereby give consent to my physician _____ (insert name of physician or practice) to communicate with me via e-mail and agree that:

- I will use e-mail for non-emergency purposes only;
- I have received a copy of this office's e-mail policies and have had a chance to ask questions about them;
- I understand that e-mail communications from my physician are not encrypted and that the security of such e-mails cannot be guaranteed;
- I understand that all e-mail communications will be filed in my permanent medical record; and
- I agree to inform this office in writing if my e-mail address changes.

Patient Full Name: _____

Current E-mail Address: _____

Signature: _____

****If Under 18:***

Parent's Name: _____

Current E-mail Address: _____

Signature: _____

Witness: _____ Date: _____