

Eugene J. Van Leeuwen MD, Inc
3001 Highland Ave Suite E
Cincinnati, Ohio 45219

INFORMED CONSENT FOR THE USE OF ELECTRONIC MESSAGING

I, _____ understand Eugene J. Van Leeuwen MD has proposed the use of electronic messaging, text messaging, computer, mobile device-based email for the purpose of enhancing efficiency, supplementing therapeutic sessions, facilitating administrative functions, etc. I understand that electronic messaging does not take the place of in-person examination and is intended only to supplement the doctor-patient relationship.

I recognize that despite standard safeguards for privacy, electronic messaging has specific vulnerabilities to breaches of privacy that are not under the control of Eugene J. Van Leeuwen MD.

I understand that electronic messaging is not the appropriate medium for dealing with an emergency or crisis situation and I am aware of the practice policy for the handling of emergencies.

I agree to utilize electronic messaging only for the following applications: appointment notifications, scheduling, medication/pharmacy prescriptions, and clinical updates etc.

I understand that failure to adhere to the guidelines may result in the rescinding of utilization of the medium of communication.

Patient Name:

Patient's email and mobile number:

Eugene J. Van Leeuwen MD