



Boyd A. Dwyer, MD

Richard T. Leschek, DO

Mid Maryland Neurology, PA

Phone: 301-698-8300 ~ Fax: 301-698-8389
172 Thomas Johnson Dr, Suite 202
Frederick, Maryland 21702

Patient Request for E-mail Communications

Patient Name: _____ Date of Birth: _____

Email Address: _____ Phone Number: _____

Communications over the Internet and/or using the e-mail system may not be encrypted and may not be secure. There is no assurance of confidentiality when communicating via e-mail. To request that your provider or *Mid Maryland Neurology, PA* communicate with you via email you must complete this form and return it to this office.

Please be advised that:

- This request applies only to the healthcare providers of *Mid Maryland Neurology, PA* including Dr. Dwyer and Dr. Leschek.
- If you would like to request to communicate via e-mail with another health care provider or program, you must complete a separate request for that office.
- *Mid Maryland Neurology, PA* will not communicate health information that is specially protected under state and federal law (e.g., HIV/AIDS, substance abuse, mental health information) via e-mail.
- You must provide your email address when registering for your visit with your provider

I understand and agree to the following:

- I certify the e-mail address provided on this request is accurate, and that I accept full responsibility for messages sent to or from this address.
- I have received a copy of the **IMPORTANT INFORMATION ABOUT PATIENT E-MAIL** form, and I have read and understand it.
- I understand and acknowledge that communications over the Internet and/or using the email system may not be encrypted and may not be secure; that there is no assurance of confidentiality of information when communicated via e-mail. *If this is of concern to you, you should not communicate with your healthcare provider through e-mail.*
- I understand that all e-mail communications may be forwarded to other physicians for purposes of providing treatment to me.
- I agree to hold *Mid Maryland Neurology, PA* and individuals associated with it harmless from any and all claims and liabilities arising from or related to this request to communicate via e-mail.

Signature of Patient

Date