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### Email Consent Form

*The Practice and Staff members shall be referred to throughout the consent form as "Provider"*

Providers offer patients the opportunity to communicate with patients by Email. Transmitting patient information by Email has a number of risk that patients should consider before using e-mail communication.

Provider will use reasonable means to protect the security and confidentiality of Email information sent and received. However, because of the risk, provider cannot guarantee the security and confidentiality of Email communication, and will not be liable for improper disclosure of confidential information that is not caused by Provider's intentional misconduct. Thus, the patients must consent to the use of email for patient information.

I have read and fully understand this consent form, I understand the risk associated with the communication of Email between the provider and me, and consent to conditions herein.

I agree to indemnify and hold harmless the provider trustees, officers, directors, employees, agents, information providers and suppliers, and website designers and maintainers from and against all losses, expenses, damages and cost including reasonable attorney's fees, relating to or arising from any information loss due to technical failure, my use of the internet communicate with the provider, and any breach by me of these restrictions and conditions.

Patient Name (Print): \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Email (Print): \_\_\_\_\_