



I am providing my Express Consent to communicate electronically with Dr Anna B Baranowsky and her staff or representatives and /or to receive educational content or information. In addition, I approve input of my personal health information into a secure online practice management system for exclusive use by the clinic.

Name: _____

Email address: _____

Telephone #: _____

By supplying us with your information, you grant us permission to contact you on the above email/text to confirm/change appointments/send information or educational content and respond to questions on an ongoing basis. In addition information will be entered in to our practice management system.

I understand that E-mail sent over the Internet is not secure and should not be used to communicate confidential and/or health information that you would not want to be generally known.

Please be aware that Dr. Baranowsky (and any representatives/staff working with her) cannot guarantee the confidentiality or security of any information you send to us over the Internet when using email.

Dr. Baranowsky and her associates/programs/staff shall not be liable for any breach of confidentiality resulting from such use of e-mail via the Internet.

Dr. Baranowsky and her staff will only communicate by email with express signed permission and will limit response to request for change in appointments, general content updates information/education, or responses to questions you pose.

Medical questions or concerns about your care or treatment should be directed to appropriate health care professionals.

You can reach Dr Baranowsky directly at 416-733-3838

Please note that this is not a secure environment.

I understand that my consent may be withdrawn at any time, please let us know.

Signature: _____

Date: _____

Witness: _____