

BUCKS COUNTY AESTHETIC CENTER

P.C.

E-mail Release:

I am consenting to the use of e-mail as a means of communication with Dr. Scarlett and Bucks County Aesthetic Center, P.C. with full release. I understand that the e-mail that I send to Dr. Scarlett or Bucks County Aesthetic Center, P.C. may be reviewed by the staff in order to relay the information to Dr. Scarlett.

I understand that this means of communication should not be used in an emergency situation. I am aware that if I am experiencing a situation that needs to be dealt with immediately, I should call the office at 215-447-8054 or dial 911.

I understand that these communications will not be shared with anyone other than Dr. Scarlett and his staff in accordance with HIPAA regulations; however, if my communications have not been encrypted, they may have the potential to be unlawfully viewed.

I understand that my communications via e-mail will be responded to in a timely manner, although this may not be the same day.

I have been provided the opportunity to ask any and all questions regarding this method of communication and I am comfortable with answers I received.

Signature: _____

Date: _____

Witness: _____

Date: _____