



## Electronic Communication Consent

By authorizing the use of email for patient/provider communication, the patient acknowledges that the information in the email may contain confidential health information that is legally privileged and is only intended for the use of the individual named in this document. Hear in Arizona is not liable for any miscommunication via an incorrect email address, information loss due to technical failures or any other miscommunications inherent to electronic communication.

Patient Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Megan Booth, Au.D. | Doctor of Audiology

PH: 928-340-7314 | FAX: 928-216-5557 | 45 Castle Rock Rd, Suite 2a, Sedona, AZ 86351 | [hearinarizona.com](http://hearinarizona.com)

