



New Beginnings Pediatrics

Begin with the Best!

www.NBPeds.com

Consent for email communication

I authorize new Beginnings Pediatrics to communicate with me for administrative purposes through email. My email address is:_____.

I understand that no medical information or advice will be communicated by email. I understand that that NBP cannot guarantee that emails to or from them will be secure/confidential or that emails will be read in a timely fashion. I understand that if I wish to contact NBP regarding a confidential medical matter or if I wish to contact NBP regarding a time-sensitive issue, then I should schedule an appointment or telephone the relevant health care provider. If I elect to correspond with NBP by email about a medical condition, then I am waiving any claim for breach of confidentiality.

X

Parent/ Guardian

Date

X

list child(ren)'s name(s)