



E-Mail Consent Form

Patient Name: _____

Date of Birth: _____ Phone Number: _____

Acknowledgment and Agreement

I acknowledge that I have read and fully understand the E-Mail Disclaimer.

I understand the risks associated with the communication of e-mail between Illuminar, PLLC and me and consent to the conditions outlined in the disclaimer.

In addition, I agree to the instructions outlined in the disclaimer, as well as any other instructions that Illuminar, PLLC may impose to communicate with patients by e-mail.

Patient's signature _____

E-mail address _____

Date _____