

**DISCLOSURE OF CONFIDENTIAL INFORMATION
BY EMAIL**

You have provided us with your personal email address.

May we email you reminders for yearly appointments? YES NO

May we email you reminders for scheduled appointments? YES NO

Would you rather be emailed instead of called for reminders? YES NO

May we send you information regarding LASIK? YES NO

Do you have any special requests regarding the use and disclosure of your health information by email?

Email Address: _____

Date: _____

Patient Signature: _____

Patient Printed Name: _____

Patient date of birth: _____