

FAIRFAX COLON & RECTAL SURGERY, P.C.
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Consent for E-mail Correspondence and Electronic Communications

(Your binding signature for all electronic communication is your name and date of birth e.g. John Doe, 01/01/1980)

By providing your email to Fairfax Colon & Rectal Surgery, P.C. and/or Fairfax Colon & Rectal Surgical Center, L.L.C (collectively the "Practice"), you have agreed to correspond about limited subject matter using our website and/or electronic mail ("e-mail"). This form provides guidelines for the intended use of this type of communication.

Please be advised that the Practice does not encrypt e-mail messages. Therefore, e-mail communication between you and the Practice will not be conducted via a secure server, and may be able to be viewed by unintended persons. Further, be advised that should you provide the Practice with a work e-mail address, your employer may monitor all e-mail communications to that address, resulting in a disclosure to an unintended person. The Practice is not responsible for disclosures to unintended persons or for e-mail messages that are intercepted or lost due to technical failure during composition, transmission, and/or storage. The use of e-mail with the Practice may revoke or cancel any expectation of privacy afforded by the Doctor/Patient privilege and may jeopardize any privacy or expectation of confidentiality you may have regarding any protected health information contained in the e-mail communication.

Do not use e-mail to communicate medical emergencies to the Practice. If you are experiencing a medical emergency, DIAL 911. Do not use e-mail to ask medical questions. The Practice does not answer or respond to medical requests via e-mail. You must call the office at 703-280-2841 for ALL medical inquiries and requests.

The Practice does accept registration documentation including medical history and prescription refill requests to be communicated by e-mail. Only send this information if you are comfortable doing so.

The Practice will do its best to respond to your e-mail inquiries within seventy-two (72) hours of receipt by the Practice. If you have not received a response from the Practice in this timeframe, please call the office. Please be sure to identify yourself in your e-mail (**name and date of birth ONLY**), as well as the general topic of the message, which should be included in the "Subject" line of your e-mail. DO NOT include your Social Security Number or any credit card information in any e-mail.

You may at anytime indicate your decision not to receive email by sending written notice to the Practice of your decision. Likewise, the Practice may stop e-mail communication with you at anytime and for any reason, in which case further communications by the Practice will be conducted by telephone and/or U.S. mail.

The practice may use an automated appointment reminder system to notify you of your pending appointments.