



FOUR SEASONS
DERMATOLOGY

PATIENT ACCUTANE EMAIL CONSENT FORM

Four Seasons Dermatology wishes to communicate with you via email about your Accutane pregnancy test results. This form will be used to document your consent for communication with you by email.

I understand that the use of this form of communication has several risks. These risks include, but are not limited to, the following: (i) emails received by Four Seasons Dermatology will not be encrypted and may not be secure; (ii) emails can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients; (iii) third parties may access and read any emails sent by Four Seasons Dermatology; and (iv) emails may contain sensitive and confidential health information.

I understand that I am not required to consent to sending pregnancy test results through email. In the event I do consent, I also understand that I may revoke this consent at any time by advising Four Seasons Dermatology in writing. My refusal or revocation of consent will not affect my ability to obtain future health care nor will it cause the loss of any benefits to which I am otherwise entitled.

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the use of email as a form of communication between Four Seasons Dermatology staff and me, and hereby give Four Seasons Dermatology permission to communicate with me regarding my emailed pregnancy test results.

Patient signature: _____

Date: _____