

Caritas Family Medicine
Signature Page

Please print this page and bring it to your New Patient Appointment

1. I have read the information above about e-mail procedures and privacy and have received answers to all of my questions about using e-mail to communicate with Caritas Family Medicine.
2. I understand that e-mail is never appropriate for urgent or emergency situations.
3. I understand that emails sent to Dr. Speech from any email address other than a onebox email address is considered insecure and I assume all responsibility for any misuse or misdirection of personal health information contained in such emails.
4. I have read the Practice Policies of Caritas Family Medicine and have received answers to all of my questions regarding the contents therein.
5. I have read the Privacy Practice for Protected Health Information policy of Caritas Family Medicine and have had all of my questions answered regarding its contents.

Name: _____

Signature: _____ Date: _____