



EMAIL AUTHORIZATION AGREEMENT

COMPREHENSIVE ORTHOPAEDIC GLOBAL may choose to discontinue email communication at any time.

Privacy and security of email

Do not email to request sensitive information. This includes personal information you do not want other people to know about. Additionally, you should be aware of and understand that if you use email provided by your employers, and email sent on your employer's system may be viewed by your employer.

COMPREHENSIVE ORTHOPAEDIC GLOBAL cannot and does not guarantee the privacy or security of any messages being sent over by the Internet. There is the potential that email sent over the Internet can be intercepted and read by others. If this is of concern to you, you should not communicate with your healthcare provider through email.

This document along with COMPREHENSIVE ORTHOPAEDIC GLOBAL "Notice of Privacy Practices" constitutes a notice of privacy practices for email use.

Authorization to use email

I have been informed of and understand the risks and procedures involved with using email. I agree to the terms listed on this form and hereby voluntarily request, consent to, and authorize the use of email as on form of communication with my physician, and his/her associates, technicians, and other healthcare providers.

You will be given a copy of this signed form to keep for your records.

Patient Signature: _____ Date: _____

Patient Representative (Relationship): _____ Date: _____

Patient Email Address: _____

Physician Signature: _____ Date: _____

Physician Email Address: _____ Office Number: _____

Prescription History Consent

I give my consent to have COMPREHENSIVE ORTHOPAEDIC GLOBAL to obtain my prescription history from external sources.

Patient or Authorized Person's Signature: _____ Date: _____



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