

[NAME OF PRACTICE]

AGREEMENT TO RECEIVE PRIVACY NOTICE ELECTRONICALLY

I, _____, agree to receive electronically the [Name of Practice _____] ("Covered Entity") Notice of Privacy Practices, as well as all information relating to the Notice of Privacy Practices. I understand that I may still receive a paper copy of Covered Entity's Notice of Privacy Practices upon request.

I understand that I may withdraw this request at any time.

Covered Entity may send this information to the following e-mail account (choose one):

My work e-mail account: _____

A different e-mail account: _____

Signature

Date