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## E-mail Communication Authorization Form

In order for our office to communicate with you by e-mail, we need you to sign, date and return this authorization form to our office. We communicate through encrypted format and take precautionary measures with your medical information. However, as with any information that traverses the Internet, there is probably some risk of hackers intercepting information or of personal information somehow getting into the hands of unintended computer users. Therefore, we cannot guarantee the privacy and security of e-mail communication. If you agree to give us permission to communicate with you via e-mail over the Internet please complete the information below:

Patient's name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_