

William James Brooks, DO, PC
Board Certified - Osteopathic Manipulative Medicine

William James Brooks, DO, PC offers patients the opportunity to communicate by email.

RISKS

Transmitting patient information by email does entail risks that patients should consider. These risks include, but are not limited to:

- Email may be circulated, forwarded, and stored in paper and electric files.
- Email deleted by a user may still be accessed through backup files.
- Unintended recipients may inadvertently receive email.
- Email can be intercepted, altered, forwarded or used without authorization or detection.
- Email can be used to introduce viruses into computer systems.

William James Brooks, DO, PC will use reasonable means to protect the confidentiality of email information sent and received. However, because of the risks outlined above and other risks, William James Brooks, DO, PC cannot guarantee the security and confidentiality of email communication and will not be liable for improper disclosure of confidential information that is not caused by William James Brooks, DO, PC's intentional misconduct. If this is a concern to you, you should not communicate with William James Brooks, DO, PC through email.

HOW EMAIL IS USED IN PATIENT CARE

- William James Brooks, DO, PC will limit email correspondence to patients who are 18 years or older, or the legal representatives of patients.
- William James Brooks, DO, PC will use email to communicate with you only about non-urgent issues.
- William James Brooks, DO, PC may forward emails internally to our staff for necessary diagnosis, treatment, reimbursement and other handling.
- William James Brooks DO PC will not forward emails to independent third parties without your (the patient's) prior written consent except as authorized or required by law.

PATIENT CONSENT

I may want to communicate with Doctor Brooks or his staff at William James Brooks DO PC by email. I understand the risks of communicating by email—in particular the privacy risk explained in this form—and consent to the conditions herein. I understand that I may revoke this consent at any time by advising William James Brooks DO PC in writing.

Should I (the patient) *initiate* email communication through William James Brooks DO PC's secure email, then my consent for email communications to and from William James Brooks, DO, PC is implied.

I have read the information contained in this form and give my consent for email communications to and from William James Brooks, DO, PC.

Please use the following email address for secure communications between me and Dr Brooks:

by Patient/Patient Representative _____ Relationship _____

and by William James Brooks, DO, PC _____ Executed on _____

James C Brooks, Secretary William James Brooks, DO, PC or

William Brooks, DO, President William James Brooks, DO, PC

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