



Email Release

I, _____, want to communicate via email with QTL Dental on matters related to my health and/ or my dental treatment. I understand that any confidential health information that I send to the practice is not secure and is sent at my own risk. I will not hold practice, nor any of its workforce members, liable for loss of any confidentiality associated with information transmitted via email.

I also understand that it is NOT the policy of practice to encrypt any confidential health information I request to be sent to me via email. Because this information is NOT encrypted I understand that the email is not secure. I acknowledge this risk and will not hold the practice or any of its workforce members liable for any loss of confidentiality associated with such transmissions.

Email address: _____

Patient signature

Date: _____

Printed name if signed on behalf of patient

Relationship: _____