**Informed Consent for electronic Communication**

I, --------------------------------------- agree to the use of electronic communication, including electronic-mail, in my interactions with Dr. Vani Rao. In terms of this form of communication with Dr. Rao, I understand and agree with the AMA Guidelines (H-478.997) as outlined below:

"New communication technologies must never replace the crucial interpersonal contacts that are the very basis of the patient­ physician relationship. Rather, electronic mail and other forms of Internet communication should be used to enhance such contacts. Patient-physician electronic mail is defined as computer-based communication between physicians and patients within a professional relationship, in which the physician has taken on an explicit measure of responsibility for the patient's care."

I agree to the following items in relation to any electronic communication with Dr. Rao (as suggested in the AMA Communication and Medico legal and Administrative Guidelines) (H-478.997) as well as those items outlined in the H-478.997 Guidelines.

• Although e-mail will be reviewed regularly by Dr. Rao, it will not be utilized for urgent matters or emergency situations.

• E-mail will serve only as an adjunct to regular appointments and verbal communication.

• Every effort will be made to secure the privacy of the person being treated. I understand that as far as Dr. Rao is aware, she is the only individual capable of accessing the e-mail messages, as her e-mail and computer are password protected. Dr. Rao will not forward identifiable information to a third party without my expressed permission. Dr. Rao will never use my e-mail address in a marketing scheme. Dr. Rao will not share the professional e-mail account with family members. Dr. Rao will not use unencrypted wireless communications with the person’s identifiable information. Dr. Rao will double-check all ''To" fields prior to sending messages.

• Dr. Rao (Vani Rao, MD PLLC) is not responsible for any tampering, interference, or unauthorized activity involving this electronic communication.

• Dr. Rao (Vani Rao, MD PLLC) is not responsible for information loss due to technical failures.

• I waive encryption requirement.

• Whenever possible and appropriate, Dr. Rao will retain electronic and / or paper copies of e-mail communications with the person being treated.

• E-mail communications will be restricted to prescription refill requests, appointment logistics (scheduling, billing), and medical information of brief nature. I understand that e-mail communication will not be an appropriate venue for sensitive subject matter.

• I understand that phone calls and office visits are the preferred mode of communication and that every effort will be made to utilize these forms of communication in lieu of e-mail communication.

• I understand that e-mail messages should be concise and infrequent.

• I will put the category of transaction in the subject line of the message: prescription, appointment, billing,

etc.

• I will put my name and additional identifying information in each message.

• I will acknowledge receipt and reading of Dr. Rao's e-mail communication through a reply message (or autoreply).

• I understand that Dr. Rao may terminate e-mail as a mode of communicating with me at any time she deems appropriate.

• The policies and procedures for e-mail may be applied to facsimile communications, where and when appropriate.

I have received, reviewed, and agree with the content of this consent as well as the American Medical Association H-478.997 Guidelines for Patient-Physician Electronic Mail.

Signature Name Date

Vani Rao, MD, PLLC Date