

137, 501 Bethel Drive  
Synergy Wellness Centre  
Sherwood Park, AB T8N 0N2Tel: 780-570-5494  
Fax: 780-570-5493**PATIENT WAIVER TO COMMUNICATE THROUGH EMAIL WITH THE EAR CLINIC**

Dear Patient,

As per the Privacy Information Act, it has come to our attention that in order to communicate with you through email, we will need you to sign and date this consent form and return it to us either via email or fax at (780) 570-5493. This consent form will be held in your chart.

If you are not able to sign this consent form, please be aware that you will need to contact us by telephone for any information from here on in and will no longer be able to request or be notified of any appointments, etc, via email. I, \_\_\_\_\_ hereby consent to

(PRINT FULL NAME)

communication with the Edmonton Ear Clinic through email at the email address(es) listed below:

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(PLEASE WRITE OUT COMPLETE E-MAIL ADDRESSES ABOVE)

I confirm that I am the sole account holder of this email account. If more than one person has access to this account, then I give consent to them receiving appointment information and communication on my behalf.

Signed \_\_\_\_\_

Dated \_\_\_\_\_