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A Division of  
Wake Internal Medicine Consultants, Inc.

## Secure eMail Consent

I understand giving my email address to Wake Internal Medicine/Rx Urgent Care will be interpreted as my consent to receive Secure eMail communication regarding my medical care. I understand Secure eMail communication is initiated by Wake Internal Medicine Consultants/Rx Urgent Care. I understand the terms and I consent to the use of Secure eMail in addition to other methods of communication with Wake Internal Medicine Consultants/Rx Urgent Care. I understand that either I or my provider may choose to discontinue the use of Secure eMail communication at any time.

*I understand that Secure eMail is never appropriate for urgent or emergency situations.*

PATIENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PATIENT SIGNATURE: \_\_\_\_\_  
(OR AUTHORIZED REPRESENTATIVE)

RELATIONSHIP, IF NOT PATIENT: \_\_\_\_\_

DATE SIGNED: \_\_\_/\_\_\_/\_\_\_

Yes, I would like to receive periodic informational emails from Wake Internal Medicine, Wake Internal Medicine & Pediatrics, Wake Gastroenterology, Wake Women's Health, Rx Urgent Care and/or Wake Research Associates.