

E-MAIL CONSENT FORM

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SIGN UP FOR OUR NEW ON-LINE SERVICES!

To provide you with the best possible service, our office can now communicate with you securely on-line.

Using our web service you can:

- Receive notification when it's time to schedule your next appointment.
- Schedule your next appointment yourself on our website, in real time.
- Print the Patient Registration Forms on our website and complete them before coming to the office.
- Securely re-order contact lenses and some brands of glasses and sun wear directly on our website.

We take on-line privacy seriously and will keep your information secure in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). You can obtain the full text of our privacy policy on our web site or at our office. Your e-mail address will not be given to third parties and will only be used to fill your on-line orders and to receive communication from our office.

We hope you enjoy this valuable new service!

By signing this document, I authorize Bear Eye Associates to contact me via e-mail. I understand that my information will be kept private in accordance with HIPAA regulations. I have the right to be removed from my doctor's e-mail system any time upon request. (This also allows our office to register you so that you can order contact lenses on our website.)

PLEASE PRINT CLEARLY!

NAME: _____ BIRTHDAY: _____

E-MAIL ADDRESS: _____

SIGNATURE: _____ DATE: _____