

Permission to Use E-mail

University of Wisconsin-Milwaukee [Covered Department Name and Contact Information]

Patient Name (print): _____

E-mail Address: _____

Date of Birth: _____

The above-listed Department of the University of Wisconsin-Milwaukee may e-mail me notices of its policies and procedures, including its Notice of Privacy Practices, and receipt of any such notice will be deemed as acknowledged by me as soon as it is sent to the above-noted e-mail address.

Signature of patient or parent or legal guardian

Date

Printed name of patient

Printed name of parent or legal guardian (if applicable)

Relationship to patient (if applicable)