

# Metropolitan Family Care Web View Consent Form

While Metropolitan Family Care, Inc. (MFC) takes reasonable precautions to protect your confidential information, e-mail and social networking is not a completely secured method of communications.

I acknowledge that if I use electronic mail to authorize or initiate contact with MFC regarding my medical care, that MFC and/or his/her representative has my permission to correspond via email address and other forms of electronic communications.

I give permission for a MFC staff member to email me regarding my medical care at:

\_\_\_\_\_ @ \_\_\_\_\_

The purpose of e-mail and other forms of electronic communication is to communicate with the patient regarding appointments, medical records information, or information regarding patients billing accounts or non-emergency test results. Electronic communication is not a way of communicating new information regarding care or of communicating emergency problems. You must call and speak with your physician regarding those issues.

If you are in an emergency situation and need to contact someone immediately to help you, you may call your physician and/or these following numbers.

**Metropolitan Family Care: 614-237-1067**

**Emergency Services: 911**

**Net care (mental health) 614-276-2273**

I give MFC permission to add my e-mail address for the purpose of sending me information through my e-mail.

\_\_\_\_\_  
Client/ Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client/ Guardian Printed Name

- If the patient is a minor (under the age of 18), The form must be signed by a parent or legal guardian.