

Results by E-mail Consent Form

I authorize Vitality Health & Wellness, LLC to send my test results or the test results of my child to me by e-mail. I understand that Vitality Health & Wellness, LLC that the results are not being sent on a secure server, and therefore it may be possible for others to view my results when they are sent electronically. I accept all responsibility and release Vitality Health & Wellness, LLC from any responsibility in maintaining the security of these results that I am requesting to be sent by email.

Name of Patient (please print) _____

Authorized by _____

Date _____