**EMAIL CONSENT FORM**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize Vitality Health & Wellness to send information to me via email. I understand that the results are not being sent on a secure server and therefore it may be possible for others to view my information when it is sent electronically. I accept all responsibility and release Vitality Health & Wellness from the responsibility of maintaining the security of any data that is sent by email.

I acknowledge that I have read and understand this policy.

Patient Name

Name of Parent/Guardian if Patient is under 18 years

Signature of Patient or Parent/Guardian if patient is under 18 years

Date