

Delaware Professionals' Health Monitoring Program

Email Consent Form

I, _____, authorize the Delaware Professionals' Health Monitoring Program to correspond with me via email for the purposes of establishing contact, exchanging collect site information, and billing purposes. I understand that this release although it includes the above listed purposes does not limit the type of information that can be communicated through email from the Delaware Professionals' Health Monitoring Program.

My email address is _____
(Please type or print clearly above)

Signature of Licensee: _____

Date: _____