



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: _____

This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal Regulation (42 CFR, Part 2) prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute the patient.

Delaware Professionals' Health Monitoring Program
PO Box 8668, Portland, Oregon 97207
Phone: 1-855-575-9350 Fax: 503-961-7142
monitoring@uprisehealth.com
www.delawaremonitoring.com