

**Web View Consent Form**

**Please stop at the Front Desk and get your user name and password before you leave the office**

**Please activate your account within 48 hours of receiving your user name and password**

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 communication.

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

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

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**Security question**: What city were you born in?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 for 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.

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| Client/Guardian Signature | Date |
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| Client/Guardian Printed Name | Date of Birth |

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