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E-MAIL WAIVER

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I authorize Riverside Pediatrics to send my child(ren)'s medical information via e-mails in an unencrypted (unsecure) format to consulting healthcare providers. I understand that e-mails may contain protected health information. I further understand that unencrypted e-mail and e-mail attachments are not secure and may be viewed by others. I agree to hold harmless Riverside Pediatrics, its officers and employees from any and all liability, loss, damages, costs or expenses which are sustained, incurred, or required arising from the transmission of unencrypted e-mail correspondence and attachments.

Signature of Parent or Legal Guardian or Patient if over the age of 18 years

Printed Name

Date