

Kelley A. Baker, PhD, PA

*1006 S. Rock Street, Suite 103
Georgetown, Texas 78626
Office-512.591.7872
Office Email- kabphd.office01@gmail.com
Website- www.kelleybakerphd.co*

EMAIL/INTERNET CONSENT FORM

HIPPA regulations and my professional Code of Ethics both require that I keep your Protected Health Information private and secure. Email is convenient but the nature of the internet does not guarantee security. Please choose from the list below, the items that pertain to you and whether you consent or not to email correspondence with Dr. Baker and her Assistant.

I do consent to email. I do not consent to email. Email/Internet situation.

_____	_____	Scheduling
_____	_____	Statements & billing
_____	_____	Personal questions to Dr. Baker
_____	_____	Recommendations to Attorneys

My consent will expire when Dr. Baker is legally removed from my case or two years after the last appointment.

Signature

Date