Sari Halpert MD
1740 Broadway, Fl 15
New York NY 10019
phone: 347 868 7612
fax: 727 205 5474

Communication by Email

I would like to communicate with Dr. Sari Halpert via email using the address:

sarihalpert@sarihalpertmd.com

I authorize communication via email for [CHECK ALL THAT APPLY]

____ Non-clinical matters (scheduling issues, invoices)

____ Clinical matters (medication issues, clinical questions)

My email address is _____

I am aware that there is an inherent risk in any electronic communication with regard to privacy as information can be accessed by unauthorized users in the event of password theft, server malfunction or system hacking.

I have reviewed the above and agree to communication via email. I am aware that I may withdraw my consent at any time.

Effective Date _____

Patient name _____ Signature _____

Parent signature (for minors) _____