

J.F.K. Pediatrics
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Just For Kids Pediatrics
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Request for Email Communications

Communications over the internet and or using email systems that are not encrypted are inherently unsecured. There is no assurance of confidentiality of information when communicated this way. Nevertheless, you may request that we communicate with you via email. To do so please complete this form.

Please be advised that:

This request applies to the office of J.F.K Pediatrics/ Just for Kids Pediatrics and/ or its physicians. J.F.K Pediatrics/ Just for Kids Pediatrics will **NOT** communicate health information that is specially protected under state and federal law (for example HIV/AIDS information, mental health information etc.) via email even if we agree to communicate with you via email.

Please initial next to each phrase:

_____ I certify that the email I would like to be communicated via is:

_____ I certify that my child(ren) name(s) and DOB(s) are:

_____ I certify that the email provided on this request is accurate, and that I, or my designee on my behalf, accept full responsibility for messages sent to or from this address.

_____ I understand and acknowledge that communications over the internet and/ or using the email system are not encrypted and are inherently insecure; that there is no assurance of confidentiality of any communications when communicated via email.

_____ I understand that email communications in which I engage may be forwarded to other providers, including providers not directly associated with J.F.K Pediatrics/ Just for Kids for purposes of providing treatment to my child.

_____ I agree to hold J.F.K Pediatrics/ Just for Kids and individuals associated with J.F.K Pediatrics/ Just for Kids harmless from any and all claims and liabilities arising from or related to this request for communications via email with this said email address listed above.

Signature of Patient or Legal Representative

Signature of Witness

Printed name of Patient or Legal Representative

Printed name of Witness

Description of Personal Representative's Authority

Job Description

Date of Signing

Date of Signing