



**Wake Internal Medicine Consultants, Inc.
Rx Urgent Care**

3100 Blue Ridge Rd.
Raleigh, NC 27612

10880 Durant Rd.
Raleigh, NC 27614

Secure eMail Consent

I understand giving my email address to Wake Internal Medicine/Rx Urgent Care will be interpreted as my consent to receive Secure eMail communication regarding my medical care. I understand Secure eMail communication is initiated by Wake Internal Medicine Consultants/Rx Urgent Care. I understand the terms and I consent to the use of Secure eMail in addition to other methods of communication with Wake Internal Medicine Consultants/Rx Urgent Care. I understand that either I or my provider may choose to discontinue the use of Secure eMail communication at any time.

I understand that Secure eMail is never appropriate for urgent or emergency situations.

PATIENT NAME: _____ DATE OF BIRTH: ___/___/___

EMAIL ADDRESS: _____

PATIENT SIGNATURE: _____
(OR AUTHORIZED REPRESENTATIVE)

RELATIONSHIP, IF NOT PATIENT: _____

DATE SIGNED: ___/___/___

Yes, I would like to receive periodic informational emails from Wake Internal Medicine, Wake Internal Medicine & Pediatrics, Wake Gastroenterology, Wake Women's Health, Rx Urgent Care and/or Wake Research Associates.