



**Bluebonnet Family Clinic, LLC
9241 Bluebonnet Blvd, Ste B
Baton Rouge, LA 70810
(225) 757-6031 Fax (225) 757-6035**

Name: _____ **Date of Birth** _____

Email Address _____

I give permission to Dr. Mary Thomas & Bluebonnet Clinic Staff to communicate through my email address about my medical care matters. My email address is protected with a password and no one else can access it with out my permission.

By signing this form, I am consenting to use my email address as a primary method of communication about my medically relevant matter such as lab results, diagnostic studies and missed appointments etc., etc.

When I get any email form Bluebonnet Family clinic staff, I agree to confirm the receipt of the email message by replying back to bluebonnet Family Clinic's secure email address.

Signature: _____ **Date:** _____

Note to our Patients

Important medical matters that need immediate attention will be communicated through telephone. All patient communications which, include emails and telephone conversations, are stored in your electronic medical records in our clinic.