

Glenn Marron, Ph.D. PLLC

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I understand that communications via the Internet, email systems, and phones may not be secure and there is no assurance of confidentiality when communicating via unencrypted platforms.

Please be advised that:

- This request applies only to Dr. Glenn Marron
- An email address must be provided
- A test email is recommended before corresponding via email

I understand and agree to the following:

- The email address provided is accurate and I accept responsibility for messages sent to or from this email address.
- I have received and signed a copy of the Email and Phone Waiver form.
- Communication over the Internet or using unencrypted email may not be secure and there is no assurance of confidentiality of information communicated via unencrypted email
- Email communications may be forwarded to other providers and documented in my medical record for my treatment
- I have the right at any time to revoke the authorization by contacting my provider and informing them that I wish to revoke my authorization
- I agree to hold Dr. Glenn Marron harmless from any and all claims and liabilities arising from or related to this request to communicate via unencrypted email.

It is important to note that most phone conversations are unencrypted as well but can be done through more encrypted platforms, and hence more protected, e.g., via Zoom and WhatsApp. I am also aware that I may revoke this waiver at any time in both writing via Certified Mail with receipt and via a separate email.

I hereby waive any concerns about encryption regarding phone correspondence as of:

(DATE) _____.

Name of patient _____

Signature of patient _____