

## Lisa Karabelnik, M.D. Board Certified Adult, Child, and Adolescent Psychiatrist 345 North Main Street, Suite 317 West Hartford, CT 06117

P: 860.521.3380 email:drkarabelnik@mdofficemail.com

## ELECTRONIC DATA TRANSMISSION AGREEMENT

Email Agreement Between	
Dr. Lisa Karabelnik and	
RE:	
Patient Name	Date of Birth
Dr. Karabelnik has explained to me the limitations of email/fax confidentiality communications between the provider and the recipient. I hereby give him/her permission to communicate with me and other recipients via email/fax about clinical matters concerning the care of the above named patient.  Other identified and authorized recipients include:	
Signature Patient /Parent	Date
Confidentiality Notice  This e-mail message, including any attachment, is for recipient(s) and may contain confidential or propried privileged. Any unauthorized review, use, disclosure you are not the intended recipient, please promptly destroy all copies of the original message.	tary information which is legally , or distribution is prohibited. If

Phone: (860) 521-3380 Fax (860) 561-6184