eHealth Technologies
250 Thruway Park Drive
W. Henrietta, NY 14586

PHONE 877.344.8999 opt 4
FAX 877.606.4331

DIGITAL SIGNATURE CONSENT FORM

I, _____, am employed as a _____
[Insert Your Name] [Insert Your Title]

with _____
[Insert Your Employer's Name and Address]

("Covered Entity") and provide my signature in the box below pursuant to a Business Associate Agreement ("BAA") with eHealth Technologies who is providing medical record and image retrieval services to the Covered Entity. Consistent with the BAA and the federal Electronic Signatures in Global and National Commerce Act, 15 U.S.C. §7001 ("E-SIGN"), I consent that my signature below may be electronically duplicated and used solely and exclusively on the online records requests made by Covered Entity consistent with the services being provided to the Covered Entity and its patients by eHealth Technologies. I understand that this Digital Signature Consent Form will expire upon termination of the BAA or upon earlier notification by me or by Covered Entity.

_____ _____
DATE SIGNED PHONE NUMBER

PLEASE SIGN, IN BLACK INK, **COMPLETELY WITHIN** THIS BOX.

PLEASE FAX TO: 877-606-4331 **OR** EMAIL TO: Account_Setup@eHealthTechnologies.com
FOR SUPPORT CALL: 877-344-8999 opt 4