



Email Policy Acknowledgment Form

As an employee or other authorized use of Valleygate Dental Surgery Centers computer network, I have received and reviewed the Valleygate Dental Surgery Centers Electronic Mail Policy (the "Policy"). I understand that my use of the company's computer network is conditioned on my full compliance with the provisions of that Policy. I further understand that violations of the Policy may subject me to disciplinary action, up to and including termination of my relationship with Valleygate Dental Surgery Centers.

I recognize and understand that I am being provided with access to the company's e-mail systems for facilitating the internal business policies of Valleygate Dental Surgery Centers. I acknowledge that all e-mail messages I compose, send, receive, or store using the Valleygate Dental Surgery Centers corporate internal network at any time and for any purpose are company property. I further acknowledge that such e-mail messages are not my private property and that I have no reasonable expectation that such messages are or will remain private. I understand that, to the extent permitted by applicable law, Valleygate Dental Surgery Centers reserves and will exercise the right to monitor, review, audit, access and disclose all material on its e-mail systems at any time and for any purpose, with or without notice to me. I understand that, at its discretion, Valleygate Dental Surgery Centers may forward or disclose the contents of my email messages to any company officials or external authorities as deemed appropriate.

I further understand that all e-mails containing Protected Health Information (as defined in the Policy) must be treated with the same degree of privacy and confidentiality as a patient's medical record.

By using the Valleygate Dental Surgery Centers e-mail system, I consent to the above terms and agree to abide by all terms of the Policy.

Signature of Employee

Date

Printed Name

Supervisor Signature