



MEDICAL ASSOCIATES  
OF THE HUDSON VALLEY, P.C.

## **Electronic Mailing List Policy & Registration**

---

In an effort to fully service and support our patient's needs and encourage their active participation in their own care, we at Medical Associates of the Hudson Valley, have established an interactive mailing list, or what's commonly known as a listserv.

### **Definition:**

A listserv is a group of individuals sharing information and communicating through email to the entire group. Everyone can read messages sent by the list administrator, stay informed and support each other. Once you subscribe, you will automatically receive an email message from the listserv administrator.

How to utilize this mailing list is fully explained in an informational email that you will receive when you are subscribed to the list. These emails contain important information on how to use the list and should be kept. Either save them to your computer or print them out.

### **Purpose & Use:**

Use of our listserv is for general informational and educational purposes *only*. There will be **no** confidential and or personal identifying patient health information shared through our listserv(s). Only those patients who have opted in by submitting their email address will be added to our list.

Our general practice listserv at mahvlist@mahv.net is a closed list. What this means is that **only** the list administrator may generate an email message to the entire list. No other mailing list member will be able to directly send a message to the list or see the email address of others subscribed to the list. If a list member desires to communicate to others on the list, s/he will need contact the listserv administrator at info@mahv.net and have that person authorize and forward their message to the group.

---

I reviewed the above **Practice Mailing List Policy**, understand and agree to it's terms and conditions and thereby authorize Medical Associates of the Hudson Valley to register my email address to the following mailing list(s):

mahvlist@mahv.net      (closed list)

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_