

EMAIL CONSENT FORM

NAME: _____

(PFM CHART NUMBER: _____)

DATE OF BIRTH: _____

EMAIL ADDRESS: _____

RISK OF USING E-MAIL: We offer patients the opportunity to communicate by e-mail. Transmitting patient information by e-mail, however, has a number of risks that patients should consider before using e-mail. These include, but are not limited to, the following risks:

- a. Email can be circulated, forwarded, and stored in numerous paper and electronic files.
- b. Email can be immediately broadcast worldwide and be received by many intended and unintended recipients.
- c. Email senders can easily misaddress an email.
- d. Email is easier to falsify than handwritten or signed documents.
- e. Backup copies of email may exist even after the sender or the recipient has deleted his or her copy.
- f. Employers and online services have a right to archive and inspect emails transmitted through their systems.
- g. Email can be intercepted, altered, forwarded, or used without authorization or detection.
- h. Email can be used to introduce viruses into your computer.
- i. Email can be used as evidence in court.

- I. **CONDITIONS FOR THE USE OF EMAIL:** We will use reasonable means to protect the security and confidentiality of email information sent and received. However, because of the risks outline above, we cannot guarantee the security and confidentiality of email communication, and will not be liable for improper disclosure of confidential information that is not caused by out intentional misconduct. Thus, the patients must consent to the use of email for patient information. Consent to the use of email includes agreement with the following conditions:
- a. Although our staff will endeavor to read and respond promptly to an email from the patient, we cannot guarantee that any particular email will be read and responded to within any particular period of time. Thus, the patient shall not use email for medical emergencies or other time sensitive matters.
 - b. If the patient's email requires or invites a response from us and the patient has not received a response within a reasonable time period, it is the patient's responsibility to follow up to determine whether the intended recipient received the email and when the recipient will respond.
 - c. The patient should not use email for communication regarding sensitive medical information, such as information regarding physical health issues, mental health diagnoses, and/or substance abuse.
 - d. The patient is responsible for informing our staff of any types of information they don't want sent by email in addition to those listed above.
 - e. The patient is responsible for protecting his/her password or other means of access to email. We are not liable for breaches of confidentiality caused by the patient or any third party.
 - f. It is the patient's responsibility to follow up and/or schedule an appointment if needed.

- II. **INSTRUCTIONS FOR COMMUNICATING VIA EMAIL:**
- a. Inform staff of any changes in his/her email address.
 - b. Include the category of the communication in the emails subject line, for routing purposes (e.g., billing question).
 - c. Put the patient's name and date of birth in the body of the email
 - d. Withdraw consent only by email or written communication to our staff.

III. **PATIENT ACKNOWLEDGMENT AND AGREEMENT:**

I acknowledge that I have ready and fully understand this consent form. I understand the risks associated with the communication of email between staff and myself, and consent to the conditions herein. In addition, I agree to the instructions outlined above, as well as any other instructions that the staff may impose to communicate with patients by email. Any questions I may have had were answered.

Patient Signature _____ Date _____