

Tarnow Center for Self-ManagementSM

E-MAIL CONSENT FORM

Patient Name _____ DOB _____

Patient/Parent's e-mail address _____

1. RISK OF USING E-MAIL

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

2. CONDITIONS FOR THE USE OF E-MAIL

Provider will use reasonable means to protect the security and confidentiality of e-mail information sent and received. However, because of the risks outlined above, Provider cannot guarantee the security and confidentiality of e-mail communication, and will not be liable for improper disclosure of confidential information that is not caused by Provider's intentional misconduct. Thus, patients must consent to the use of e-mail for patient information. Consent to the use of e-mail includes agreement with the following conditions:

- a. All e-mails to or from the patient concerning diagnosis or treatment will be printed out and made part of the patient's medical record. Because they are a part of the medical record, other individuals authorized to access the medical record, such as staff and billing personnel, will have access to those e-mails.
- b. Provider may forward e-mails internally to Provider's staff and agents as necessary for diagnosis, treatment, reimbursement, and other handling. Provider will not, however,

forward e-mails to independent third parties without the patient's/parent's prior written consent, except as authorized or required by law.

- c. Although Provider will endeavor to read and respond promptly to an email from the patient/parent, the provider cannot guarantee that any particular e-mail will be read and responded to within any particular period of time. Thus, the patient/parent shall not use e-mail for medical emergencies or other time-sensitive matters.
- d. If the patient's/parent's e-mail requires or invites a response from the provider, and the patient/parent has not received a response within a reasonable time period, it is the patient's/parent's responsibility to follow up to determine whether the intended recipient received the email and when the recipient will respond.
- e. The patient/parent should not use e-mail for communication regarding sensitive medical information, such as information regarding sexually transmitted diseases, AIDS/HIV, mental health, developmental disability, or substance abuse.
- f. The patient/parent is responsible for informing Provider of any types of information the patient/parent does not want to be sent by e-mail, in addition to those set out in 2(e) above.
- g. The patient/parent is responsible for protecting his/her password or other means of access to e-mail. Provider is not liable for breaches of confidentiality caused by the patient/parent or any third party.
- h. Provider shall not engage in e-mail communication that is unlawful, such as unlawfully practicing medicine across state lines.
- i. It is the patient's/parent's responsibility to follow up and/or schedule an appointment if warranted.

3. INSTRUCTIONS

To communicate by e-mail, the patient/parent shall:

- a. Limit or avoid use of his/her employer's computer.
- b. Inform the provider of changes in his/her e-mail address.

- c. Put the patient's name in the body of the e-mail.
- d. Include the category of the communication in the e-mail's subject line, for routing purposes (e.g., billing question).
- e. Review the e-mail to make sure it is clear and that all relevant information is provided before sending to Provider.
- f. Inform the provider that the patient/parent received an e-mail from the provider.
- g. Take precautions to preserve the confidentiality of e-mails, such as using screen savers and safeguarding his/her computer password.
- h. Withdraw consent only by e-mail or written communication to Provider.

4. PATIENT/PARENT
ACKNOWLEDGEMENT

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communication of e-mail between Provider and me, and consent to the conditions outlined herein, as well as any other instructions that the provider may impose to communicate with patients/parents by e-mail. Any questions I may have had were answered.

Patient/Parent
Signature _____

Date _____

Witness
Signature _____

Date _____