

EMAIL CONSENT

Our office is now offering patients the opportunity to receive communications by email. Transmitting patient information poses several risks of which the patient should be aware. Please do not agree to receive communications from us via email without understanding and accepting these risks. These risks include, but are not limited to, the following:

- The privacy and security of email communication cannot be guaranteed
- Employers and online services may have a legal right to inspect and keep emails that pass through their system
- Emails is easier to falsify than hand written or signed hard copies. In addition, it is impossible to verify the true identity of the sender, or to ensure that only the recipient can read the email once it has been sent
- Emails can introduce viruses into a computer system, and potentially damage or disrupt the computer
- Emails can be forwarded, intercepted, circulated, stored or even changed without the knowledge or permission of the physician or the patient. Email senders can easily misaddress an email, resulting in it being sent to many unintended and unknown recipients
- Email is indelible. Even after the sender and recipient have deleted their copies of the email, back-up copies may exist on a computer or in cyberspace
- Use of email to discuss sensitive information can increase the risk of such information being disclosed to third parties
- Email can be used as evidence in court

CONDITIONS OF USING EMAIL

Our office will use reasonable means to protect the security and confidentiality of email information sent and received. However, because of the risks outlined 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 the direct result of intentional misconduct of the physician. Thus patients must consent to the use of email for patient information. Consent to the use of email includes agreement with the following conditions:

- Emails to or from the patient concerning diagnosis or treatment will become part of the patient's medical record. Because they are part of the record, other individuals authorized to access the medical record, such as support staff, will have access to those emails.
- The physician will not forward emails to independent third parties without the patient's prior written consent, except as authorized or required by law
- we will not be responding to emails from patients requesting diagnoses or medical advice. We cannot guarantee that any particular email will be read and responded to within any particular period of time. Patients should not use email for medical emergencies or other time-sensitive matters
- The physician is not responsible for information loss due to technical failures

INSTRUCTIONS for COMMUNICATION BY EMAIL

- limit or avoid using a public or employer's computer
- take precautions to preserve the confidentiality of emails, such as using screen savers and safeguarding computer passwords
- inform the physician immediately of any changes in the patient's email address
- when responding to an email from this office, include the original message in your response
- withdraw consent only by email or written communication to the physician
- we expect a confirmation of receipt email from patients within 48 hours. If this doesn't occur, we will assume the email hasn't been received and we will proceed as usual
- communications by email would include, but are not limited to; preventative care reminders, flu shot clinics, upcoming specialist appointments or diagnostic tests, basic test results with instructions which don't require an office visit, etc.

PATIENT ACKNOWLEDGEMENT AND CONSENT

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communication of email between the physician and me, and consent to the conditions outlined herein, as well as any other instructions that the physician may impose to communicate with patients by email. I acknowledge the physician's right to, upon the provision of written notice, withdraw the option of communication through email. Any questions I may have were answered.

PATIENT NAME: (please include name of each family member who would like email communication and signature if over 18 years old)

EMAIL (print clearly):

Patient signature

Date

Witness signature

Date