

E-MAIL CONSENT FORM

For:

1. RISK OF USING EMAIL

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 and 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, patient 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 records, 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 prior written consent, except as authorized or required by law.
- c) Although Provider will endeavour to read and respond promptly to and e-mail from the patient, Provider cannot guarantee that any particular e-mail will be read and responded to within any particular period of time. Thus, the patient shall not use e-mail for medical emergencies or other time-sensitive matter.
- d) If the patient's e-mail requires or invites a response from Provider, 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 e-mail and when the recipient will respond.

e) The patient 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 is responsible for informing the Provider of any types of information the patient does not want to be sent by e-mail, in addition to those set out in 2(e) above.

g) The patient 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 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 responsibility to follow up and/or schedule an appointment if warranted.

3. INSTRUCTIONS

To communicate to e-mail, the patient shall:

a) Limit or avoid use of his/her employer's computer.

b) Inform Provider of changes in his/her e-mail address. Put the patient's name in the body of the e-mail.

c) Include the category of the communication in the e-mail's subject line, for routing purposes (e.g. billing questions).

d) Review the e-mail to make sure it is clear and that all relevant information is provided before sending to Provider.

e) Inform Provider that the patient received an e-mail from Provider.

f) Take precautions to preserve the confidentiality of e-mails, such as using screen savers and safeguarding his/her computer password.

g) Withdraw consent only by e-mail or written communication to provider.

4. PATIENT ACKNOWLEDGMENT AND AGREEMENT

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. In addition, I agree to the instructions outlined herein, as well as any other instructions that Provider may impose to communicate with patients by e-mail. Any questions I may have had were answered.

Patients Name

Signature of Patient

Date