

# **Patient/Healthcare Provider E-mail Consent**

## **1. RISKS OF USING E-MAIL**

We offer patients/parents/legal guardians the opportunity to communicate by e-mail. E-mail communication has a number of possible risks that patients/parents/legal guardians should consider before using e-mail. If the patient/parent/legal guardian is worried about any information being seen by other people, or if the question or problem is urgent, then other form(s) of communication such as telephone communication should be used. Some of the possible risks of using e-mail include, but are not limited to, the following:

- E-mail information can be sent on to other people, stored on a computer, or printed out on paper for storage.
- E-mail can be sent out and received by many recipients, some or all of whom may be sent the e-mail accidentally.
- E-mail information is easier to change than handwritten or signed documents.
- E-mail information may be kept on computers/electronic devices even after the sender or recipient believes that they deleted his or her copy.
- E-mail can occasionally be intercepted, changed, forwarded, or used without authorization or detection.
- E-mail can be used to introduce viruses into computer systems.
- E-mail can be used as evidence in court.

## **2. CONDITIONS FOR THE USE OF E-MAIL**

The healthcare providers will use reasonable means to protect the security and confidentiality of e-mail information sent and received. However, because of the risks outlined above, the healthcare providers cannot guarantee the security and confidentiality (privacy) of e-mail communication, and will not be liable for improper use and/or disclosure of confidential information (including Protected Health Information (PHI) that is the subject of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA)).

Thus, the patient/parent/legal guardian must consent to the use of e-mail for patient information. Consent to the use of e-mail includes agreement with the following Condition:

The healthcare provider or his/her practice cannot engage in e-mail communication that is unlawful, such as practicing medicine across state lines.

### **3. PATIENT ACKNOWLEDGMENT AND AGREEMENT**

I acknowledge that I have read and fully understand the information the healthcare provider and/or practice has provided me regarding the risks of using e-mail. I understand the risks associated with the communication of e-mail between the healthcare provider and/or practice and me, and consent to the Conditions outlined. In addition, I agree to the above instructions, as well as any other instructions that the healthcare provider and/or practice may impose regarding email communications.

E-mail address: \_\_\_\_\_

Patient name: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

Signature: \_\_\_\_\_