

## Consent to Use Electronic Mail (E-mail)

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

Office name \_\_\_\_\_

Name of the doctor/practice \_\_\_\_\_

Would like to give you the chance to communicate with your doctors, other healthcare providers (such as a dental assistant), and administrative services by e-mail.

Sending private patient information by e-mail, however, has a number of risks that you should be aware of.:

## Risks of E-Mail

- E-mail may be instantly sent worldwide and be received by many intended and unintended recipients.
- Those who get e-mail can pass on messages to anyone without the original sender's permission or knowledge.
- Users can easily misaddress an e-mail.
- Backup copies of e-mail may exist even after the sender or the recipient has erased their copy. All e-mails will be kept in your medical record. This means that all people who have access to the medical record will be able to see the e-mails.
- You should not use your employer's e-mail system to send or receive private medical information. If you choose to send or receive an e-mail from your workplace, there is a chance your employer could read the message.
- E-mail messages may not be answered on the same business day. We will make an effort to read and respond to e-mail as soon as possible, but we cannot guarantee that any e-mail message will be answered within any set period of time.
- **Never use email in an urgent situation or in an emergency.**

## Conditions for the Use of E-Mail

If you agree to the use of e-mail, you agree to the following rules:

Your message should be short. If you feel your message is too long for an e-mail, you may wish to call our office or schedule an appointment.

Please write the topic of your email in the subject line.

Please write your name and patient identification number, if known, in the message.

It is the policy of (Name of Practice) to make all e-mail messages sent or received that are about medical treatment a part of your medical record. We will treat such e-mail messages with the same amount of confidentiality as other portions of the medical record.

We will make every effort to protect the privacy of e-mail information. All of our employees must use password-protected screen savers whether they are working in the office, hospital or their home office. However, due to the possibility of technical problems, we cannot guarantee the security of all e-mails.

(Name of Practice) may forward e-mail messages as needed for diagnosis, treatment, and reimbursement. (Name of Practice) will not pass on the e-mail to others without your prior consent.

Because some medical information is sensitive and the privacy of e-mail is not guaranteed, **you should not use e-mail for communications about sensitive information.** Some examples are protected diagnoses (such as mental health conditions or substance abuse problems), information about HIV/AIDS, and workers' compensation injuries.

It is your duty to protect your password or other means of access to e-mail sent or received from (Name of Practice). (Name of Practice) is not responsible for breaches of confidentiality caused by the patient.

You may withdraw consent to the use of e-mail at any time by e-mail or written communication with (Name of Practice).

Your signature below allows (Name of Practice) to send e-mail to this address:

\_\_\_\_\_  
E-mail address (please print)

\_\_\_\_\_  
Signature of Patient/ Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date