



***Summary of risks and benefits of using email/text:***

Email/Text is a useful method of correspondence for patients. Transmitting information by e-mail/text can create a number of risks, both general and specific that patients need to be aware of if they choose this method of correspondence.

***Risk of using email or text messaging***

Patients are offered the opportunity to communicate with the practice and/or clinicians by e-mail. Transmitting patient information by e-mail, however, has several risks that patients should consider before giving consent. These risks include, but are not limited to:

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

***Conditions for the use of email or text messaging***

Your provider will use reasonable means to protect the security and confidentiality of e-mail information sent. However, because of the risks outlined above, we cannot guarantee the security and confidentiality of e-mail/text communication and will not be liable for improper disclosure of confidential information that is not caused by the clinician'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:

- All e-mails 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.
- You should not use e-mail for communication regarding sensitive medical information, such as information regarding sexually transmitted diseases, AIDS/HIV, mental health, issues of abuse, developmental disability, or substance abuse.
- You are responsible for informing your clinician of any types of information you do not want to be sent by e-mail, in addition to those set out above.
- You are responsible for protecting his/her password or other means of access to e-mail/text. Your clinician is not liable for breaches of confidentiality caused by the patient or any third party.
- The clinician will not engage in e-mail communication that is unlawful.
- Text messaging will not include PHI and will only include an appointment reminder.
- It is your responsibility to follow up and/or schedule an appointment if warranted.

***Your consent to email/text correspondence includes your understanding of the following conditions:***

- Employers do not observe an employee's right to privacy in their email system, you should not use their employer's email system to receive confidential emails.
- The clinician is not liable for improper disclosure of confidential information that is not a result of our negligence or misconduct. Patient information is protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. 1320 et seq. 45 C.F.R. Parts 160 & 164, and the Confidentiality Law, 42 U.S.C. 290dd-2, 42 C.F.R. Part 2. Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the



person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical or other information is not enough for this purpose. The Federal rules restrict any use of the information to criminally investigate any Alcohol or Drug abuse.

***Informed Consent***

- If you consent to the use of email, you are responsible for informing your provider of any type of information that you do not want to be sent to you by email.
- You are responsible for protecting your password and access to your email/text to ensure your confidentiality. The clinician cannot be held liable if there is a breach of confidentiality caused by a breach in your account security.
- If you wish to discontinue emailing/texting information, you must submit written consent, or an email informing your clinician that you are withdrawing consent to email or text information.

***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/text between clinician 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 the clinician may impose to communicate with patients by e-mail/text. Any questions I may have had were answered.

Yes, I have read the above and consent to confidential email/text correspondence.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Patient Printed Name \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Number \_\_\_\_\_

*If a parent is signing on behalf of a patient under 18, please complete the information:*

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Parent \_\_\_\_\_

Parent Home Phone \_\_\_\_\_

Parent Work Phone \_\_\_\_\_

Parent Cell Phone \_\_\_\_\_

Parent Email Address \_\_\_\_\_