

## **Email Consent Form**

### **Risks of Using Email**

The risks include, but are not limited to, the following:

- The privacy and security of email communications cannot be guaranteed
- Employers and online services may have a legal right to inspect and keep emails that pass through the system
- 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 the email being sent to an unintended and/or unknown recipient
- Use of email to discuss sensitive information can increase the risk of such information being disclosed to third parties

### **Conditions of Using Email**

The physician will use reasonable means to protect the security and confidentiality of email information sent and received. However, because of the risks outlined above, the physician 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.

### **Consent to the use of email includes agreement with the following conditions:**

- Office email will be used for one way communication only from physician to patient; patients are highly discouraged from sending or replying back to the office
- The physician cannot guarantee that any particular email will be read and responded to within any particular period of time. Thus, patients should not use email for medical emergencies or time-sensitive matters
- Email communication is not an appropriate substitute for clinical examinations. The patient is responsible for following up on the physician's email and for scheduling appointments where warranted
- The patient should not use email for communication regarding sensitive medical information
- The patient is responsible for informing the physician of any type of information the patient does not want sent by email
- The physician is not responsible for information loss due to technical failure

### **Patient Acknowledgement and Agreement**

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with email communication between the physician and myself, and consent to the conditions outlined herein, as well as any other instructions 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 communicating through email. Any questions I may have had were answered.

Patient Name (**please print clearly**): \_\_\_\_\_

Patient Email (**please print clearly**): \_\_\_\_\_

Encryption Password (**MIN 16 characters; AT LEAST 1 number**): \_\_\_\_\_

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