

# HOMETOWN PEDIATRIC CARE, LLC

## EMAIL CONSENT FORM

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient Mailing Address: \_\_\_\_\_

Parent/Guardian Email address: \_\_\_\_\_

I authorize Hometown Pediatric Care to contact me, at the email I have provided. I understand that email communication from Hometown Pediatric Care will be limited to: Appointment Reminders, Referral Information, Insurance/Billing questions and Billing Statement delivery. Medical advice WILL NOT be given over email communications.

### 1. RISK OF USING E-MAIL

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 or 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 an email.
- 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, the 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:

- 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 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.
- b. Provider may forward e-mails internally to Provider's staff and agent necessary for diagnosis, treatment, reimbursement, and other handling. Provider will not, however, forward emails to independent third parties without the patient's prior written consent, except as authorized or required by law.
- c. Although Provider will endeavor to read and respond promptly to an 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 matters.
- 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 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 by e-mail, the patient shall:

- a. Limit or avoid use of his/her employer's computer.
- b. Inform Provider of changes in his/her email address.
- c. Put the patient's name in the body of the e-mail.
- d. Include the category of the communication in the e-mail's subject line, for routing purposes (e.g., billing question).
- e. Review the e-mail to make sure it is clear and that all relevant information is provided before sending to Provider.
- f. Inform Provider that the patient received an e-mail from Provider.
- g. Take precautions to preserve the confidentiality of e-mail, such as using screen savers and safeguarding his/her computer password.
- h. Withdraw consent only by e-mail or written communication to Provider.

### 4. PATIENT ACKNOWLEDGEMENT 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 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

Parent/Guardian

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

Date: \_\_\_\_\_

Witness

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

Date: \_\_\_\_\_