

PATIENT E-MAIL CONSENT FORM

Patient Name: _____
Patient MR#: _____
Patient E-mail: _____
Provider: Dr. Richard Moxley III
Provider E-mail: dystrophy_registry@urmc.rochester.edu
Personal Representative*:
Name: _____
Relationship: _____
E-Mail: _____

* see HIPAA Policy 0P16 Personal Representative

1. RISK OF USING E-MAIL

Transmitting patient information by E-mail has a number of risks that patients should consider. These include, but are not limited to, the following:

- a) E-mail can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.
- b) E-mail senders can easily misaddress an E-mail.
- c) Backup copies of E-mail may exist even after the sender or the recipient has deleted his or her copy.
- d) Employers and on-line services have a right to inspect E-mail transmitted through their systems.
- e) E-mail can be intercepted, altered, forwarded, or used without authorization or detection.
- f) E-mail can be used to introduce viruses into computer systems.

2. CONDITIONS FOR THE USE OF E-MAIL

The Provider cannot guarantee but will use reasonable means to maintain security and confidentiality of E-mail information sent and received. The Patient and Provider must consent to the following conditions:

- a) E-mail is not appropriate for urgent or emergency situations. The Provider cannot guarantee that any particular E-mail will be read or responded to.
- b) E-mail must be concise. The Patient should schedule an appointment if the issue is too complex or sensitive to discuss via E-mail.
- c) E-mail communications between patient and provider will be filed in the Patient's permanent medical record.
- d) The Patient's messages may also be delegated to another provider or staff member for response. Office staff may also receive and read or respond to patient messages.
- e) The Provider will not forward patient-identifiable E-mails outside of the URMC healthcare system without the Patient's prior written consent, except as authorized or required by law.

- f) The Patient should not use E-mail for communication regarding sensitive medical information.
- g) It is the Patient's responsibility to follow up and/or schedule an appointment if warranted.
- h) Recommended uses of patient-to-provider E-mail should be limited to:
 - a. Appointment requests
 - b. Prescription refills
 - c. Requests for information
 - d. Non-urgent health care questions
 - e. Updates to information or exchange of non-critical information such as laboratory values, immunizations, etc.

3. INSTRUCTIONS

To communicate by E-mail, the Patient shall:

- a) Avoid use of his/her employer's computer.
- b) Put the Patient's name in the body of the E-mail.
- c) Put the topic (e.g., medical question, billing question) in the subject line.
- d) Inform the Provider of changes in the Patient's E-mail address.
- e) Take precautions to preserve the confidentiality of E-mail.
- f) Contact the Provider's office via conventional communication methods (phone, fax, etc.) if the patient does not receive a reply within a reasonable period of time.

4. 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 between the Provider and me. I consent to the conditions and instructions outlined here, as well as any other instructions that the Provider may impose to communicate with me by Email. I agree to use only the pre-designated e-mail address specified above. Any questions I may have had were answered.

Patient or Personal Representative signature

Date _____

Provider signature

Date _____