

## **PATIENT/ PHYSICIAN E-MAIL CONSENT**

### **1. RISK OF USING E-MAIL**

Valley Wellness Center offers patients, parents or guardians the opportunity to communicate by e-mail. Using e-mail to discuss patient information, however, is different than phone messaging. E-mail communication has a number of possible risks that patients, parents or guardians should consider before using e-mail. If the patient, parent or guardian is worried about any information being seen by other people, or if the question or problem is urgent, other form(s) of communication such as telephone communication should be used. Some of the possible risks of using email include, but are not limited to, the following:

- a. E-mail information can be sent on to other people, stored on a computer, or printed out on paper for storage.
- b. E-mail can be sent out and received by many recipients, some or all of whom may be sent the e-mail accidentally.
- c. E-mail senders can easily misaddress an e-mail.
- d. E-mail information is easier to change than handwritten or signed documents.
- e. E-mail information may be kept on computers even after the sender or the recipient believes they deleted his or her copy.
- f. Employers and on-line services have a right the archive (store) and look at e-mails transmitted through their systems. Some, but not all, employers store e-mail messages indefinitely.
- g. E-mail can occasionally be intercepted, changed, 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**

The Physicians or their approved designees will use reasonable means to protect the security and confidentiality of e-mail information sent and received. However, because of the risks outlined above, the Physicians or their approved designees cannot guarantee the security and confidentiality (privacy) of e-mail communication, and will not be liable for improper use and/or disclosure of confidential information (including Protected Health Information that is the subject of the federal Health Insurance Portability and Accountability Act of 1996). Thus, the patient, parent or guardian 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. E-mails to or from the patient, parent or guardian concerning diagnosis or treatment will be printed out and/ or made part of the patient's medical record. Because they are then a part of the medical record, other individuals who are authorized to view the medical record, such as staff and billing personnel, will also have access to those e-mails.
  - b. The Physician or their approved designees may forward e-mails internally to other staff or agents of the Physicians/ their Practice as necessary for diagnosis, treatment, reimbursement, and other operations, The Physicians or their approved designees will not, however, forward e-mail to independent third parties outside of Valley Wellness Center who are not involved with the patient's treatment, reimbursement, or otherwise involved in their care, without the patient's prior written consent, except as authorized or required by law. The Physician or their approved designees may possibly forward e-mails to other Physician(s)/Practice(s) participating in the patient's care.
  - c. Although the Physicians or their approved designees will try to read and respond quickly to an e-mail from the patient, parent or guardian, the Physician or their approved designees cannot guarantee that any particular e-mail will be read and responded to within any particular period of time, The usual period of time is less than one business day, but it may take up to a week or longer if the person to whom the e-mail is sent is away or if the e-mail system is not working. Thus, the patient, parent or guardian should not use e-mail for medical emergencies or other matter that have to be handled quickly.
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- d. If the patient's, parent's or guardian's e-mail requires or invites a response from the Physician or their approved designees, and the patient, parent or guardian has not received a response within a reasonable time period, it is the patient's, parent's or guardian's responsibility to call the practice in order to determine whether the intended recipient received the e-mail and when the recipient will respond. As an alternative, the patient, parent or guardian can discuss the issue by telephone.
- e. The patient, parent, or guardian should not use e-mail for discussing any subjects that the patient, parent or guardian feels should be kept secret, such as sensitive medical information regarding sexually transmitted diseases, AIDS/HIV, mental health, developmental disability, or substance abuse.
- f. Where applicable, there may be a physician charge for the time necessary to respond to the e-mail.
- g. The patient, parent or guardian is responsible for protecting his/her password or other means of access to e-mail by the patient of any third party. The Physician/Practice is not liable for information that is read by other people through errors caused by the patient or any third party.
- h. The Physician/Practice cannot engage in e-mail communication that is unlawful, , such as practicing medicine across state lines.
- i. If through e-mail communication, the physician or their approved designee determines that an office or hospital, visit is necessary to address the problem, or if the patient, parent or guardian wants to have such a visit, it is the patient's parent's or guardian's responsibility to schedule the appointment.

### **3. INSTRUCTIONS**

To communicate by e-mail, the patient, parent or guardian is advised to:

- a. Limit or avoid use of his/her employers computer. Information is often stored on the employers system and can be read by people within the organization.
- b. Inform the Physician/Practice of changes in e-mail addresses
- c. To help the physician and practice ensure that they are communication about the right person, put the patient's full name and date of birth in the body of the first e-mail message to the physician and/or practice and not in the subject line.
- d. In order for the e-mail to be forwarded to the proper person, include the category of the communication in the e-mail's subject line, (eg., "I have a laboratory test question") For instance, a billing question sent to the doctor may be forwarded to the practice manager.
- e. Review the e-mail to make sure it is clear and that all needed information is provided before sending to the Physician/Practice.
- f. When you receive an e-mail from the Physician/Practice, please send a reply that it was received so that the Physician/Practice knows that the e-mail arrived to the correct location.
- g. Take precautions to preserve the confidentiality of e-mails, such as using screen savers and safeguarding computer passwords.
- h. Withdraw consent only by e-mail or written communication to the Physician/Practice.
- i. Contact the Physician or the Practice at (209) 577-2799 with any questions about using e-mail. This should be done before sending an e-mail the Physician/Practice.

### **4. PATIENT ACKNOWLEDGMENT AND AGREEMENT**

I acknowledge that I have read and fully understand the information the Physician/Practice has provided me regarding the Risks of using e-mail. I understand the Risks associated with the communication of e-mail between the Physician/Practice and me, and consent to the Conditions outlined. In addition, I agree to the above instructions, as well as any other instructions that the Physician/Practice may impose regarding e-mail communications.

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Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
E-Mail Address