



Pediatric & Adolescent Medicine, LLP

CONSENT FOR USE OF ELECTRONIC MAIL (E-MAIL)

PATIENT NAME: _____

PATIENT/PARENT E-MAIL ADDRESS: _____

RISK OF USING E-MAIL

Pediatric & Adolescent Medicine, LLP offers patients/parents the opportunity to communicate with clinicians by email. Transmitting patient information by e-mail, however, has a number of risks that families should consider giving consent. These risks include, but are not limited to:

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

CONDITIONS FOR THE USE OF E-MAIL

Pediatric & Adolescent Medicine, LLP will use reasonable means to protect the security and confidentiality of e-mail information sent and received. However, because of the inherent risks outlined above, Pediatric & Adolescent Medicine, LLP 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 intentional misconduct. Patients/parents must consent to the use of e-mail for clinical information. Consent to the use of e-mail includes agreement with the following conditions:

1. All e-mails to or from patients/parents concerning diagnosis or treatment may be printed and made part of the patient's medical record. Because they may be 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.
2. Pediatric & Adolescent Medicine, LLP may forward e-mails internally to staff or other providers as necessary for diagnosis, treatment or reimbursement. Pediatric & Adolescent Medicine, LLP will NOT, however, forward e-mails to independent third-parties without patient/parent's prior written consent, except as authorized or required by law.
3. Although Pediatric & Adolescent Medicine, LLP will endeavor to read and respond promptly to e-mails, we cannot guarantee that any particular e-mail will be read and responded to within any particular time period. Thus, e-mails shall not be used for medical emergencies or other time-sensitive matters.
4. If the patient's/parent's e-mail requires a response from Pediatric & Adolescent Medicine, LLP and the patient/parent has not received a response within a reasonable period of time, 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.
5. Patients/parents should NOT use e-mail for communication regarding sensitive medical information, such as information regarding sexually transmitted diseases, HIV, mental health issues, issues of abuse or substance abuse.
6. The patient/parent is responsible for informing Pediatric & Adolescent Medicine, LLP of any type of information the patient does not want to be sent by e-mail, in addition to those outlined above.
7. The patient/parent is responsible for protecting his/her password or other means of access to e-mail. Pediatric & Adolescent Medicine, LLP is not liable for breaches of confidentiality caused by the patient/parent or any third party.
8. Pediatric & Adolescent Medicine, LLP shall not engage in e-mail communication that is unlawful.
9. It is the patient's/parent's responsibility to follow-up and/or schedule an office appointment if warranted.

INSTRUCTIONS

To communicate by e-mail, the patient/parent shall:

1. Limit or avoid using his/her employer's computer.
2. Inform Pediatric & Adolescent Medicine, LLP of changes in his/her email address.
3. Put patient's name and date of birth in the body of the e-mail.
4. Include the category of the communication in subject line for routing purposes (eg, billing issues.)
5. Review the e-mail to make sure it is clear and that all relevant information is provided before sending.
6. Take precautions to preserve the confidentiality of e-mails, such as using screen-savers and safeguarding his/her computer.
7. Withdraw consent only by e-mail or written communication to Pediatric & Adolescent Medicine, LLP.

PATIENT ACKNOWLEDGEMENT AND AGREEMENT

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the use of e-mail communications and consent to the conditions outlined herein. In addition, I agree to the instructions outlined herein, as well as any other instructions that Pediatric & Adolescent Medicine, LLP may impose to communicate with patients/parents by e-mail. Any questions I may have had have been answered.

Patient/parent
signature: _____ Date: _____