

CLIENT E-MAIL CONSENT FORM

Client Name: _____

Client E-mail: _____

Personal Representative*:

Name: _____

Relationship: _____

E-Mail: _____

*See HIPAA Policy 0119, Personal Representatives

1. RISK OF USING E-MAIL

Transmitting Client information by E-mail has a number of risks that Clients 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 Clinician cannot guarantee but will use reasonable means to maintain security and confidentiality of E-mail information sent and received. The Client and Clinician must consent to the following conditions:

- a) E-mail is not appropriate for urgent or emergency situations. The Clinician cannot guarantee that any particular E-mail will be read or responded to.
- b) E-mail must be concise. The Client should schedule an appointment if the issue is too complex or sensitive to discuss via E-mail.
- c) E-mail communications between Client and Clinician will be filed in the Client's permanent medical record.
- d) The Client's messages may also be delegated to another Clinician or staff member for response. Office staff may also receive and read or respond to Client messages.
- e) The Clinician will not forward Client-identifiable E-mails outside of the URMHC healthcare system without the Client's prior written consent, except as authorized or required by law.
- f) The Client should not use E-mail for communication regarding sensitive medical information.
- g) It is the Client's responsibility to follow up and/or schedule an appointment if warranted.
- h) Recommended uses of Client-to-Clinician E-mail should be limited to:
 1. Appointment requests
 2. Prescription refills
 3. Requests for information
 4. Non-Urgent health care questions
 5. Updates to information or exchange of non-critical information such as laboratory values, immunization, etc...

3. INSTRUCTIONS

To communicate by E-mail, the Client shall:

- a) Avoid use of his/her employer's computer.
- b) Put the Client'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 Clinician of changes in the Client's E-mail address.
- e) Take precautions to preserve the confidentiality of E-mail
- f) Contact the Clinician's office via conventional communication methods (phone, fax, etc...) if the Client does not receive a reply within a reasonable period of time.

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

Client or Personal Representative

Date