

# AUTHORIZATION TO SEND/RECEIVE APPOINTMENT AND MEDICAL INFORMATION BY EMAIL/TEXT

This practice utilizes email and/or text messaging to communicate with patients.

**RISKS:** Transmitting information by email/text has a number of risks that patients should consider before using. These include, but are not limited to, the following: Email/text can be circulated, forwarded, and stored in numerous paper and electronic files. Can be immediately broadcast worldwide and be received by many intended and unintended recipients. Can easily misaddress an email or text. Are easier to falsify than handwritten or signed documents. Can be intercepted, altered, forwarded, or used without authorization or detection. Can be used to introduce viruses into computer systems. Can be used as evidence in court. Backup copies of email/text may exist even after the sender or the recipient has deleted his or her copy. Employers and on-line services have a right to archive and inspect emails/texts transmitted through their systems.

**CONDITIONS:** Because of the Risks outlined above, the practice cannot guarantee the security and confidentiality of email/text communication, and will not be liable for improper use and/or disclosure of confidential information that is not caused by the practice's intentional misconduct. Thus, patients must consent to the use of email/text for patient information. Consent to the use of email/text includes agreement with the following conditions:

1. All emails/texts to or from the patient concerning diagnosis or treatment will be saved as part of the medical record. Because they are a part of the medical record, other individuals authorized to access the medical record, such as staff and billing personnel, will have access to those emails/texts.
2. Although the practice will endeavor to read and respond promptly to an email/text from the patient, the practice cannot guarantee that any particular email/text will be read and responded to within any particular period of time. Thus, the patient shall not use email/text for medical emergencies or other time-sensitive matters.
3. If the patient's email/text requires or invites a response from the practice, 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 email/text and when the recipient will respond.
4. The patient should not use email/text for communication regarding sensitive medical information, such as information regarding sexually transmitted diseases, AIDS/HIV, mental health, developmental disability, or substance abuse.
5. The patient is responsible for informing the practice of any types of information the patient does not want to be sent by email/text, in addition to those set out in the preceding paragraph.
6. The patient is responsible for protecting his/her password or other means of access to email/text.
7. The practice is not liable for breaches of confidentiality caused by the patient or any third party.
8. The practice shall not engage in email/text communication that is unlawful, such as unlawfully practicing medicine across state lines.
9. It is the patient's responsibility to follow up and/or schedule an appointment if warranted.

**INSTRUCTIONS:** To communicate by email/text, the patient shall:

1. Limit or avoid use of his/her employer's computer.
2. Inform the practice of changes in his/her email address or text number.
3. Put the patient's name in the body of the email/text.
4. Inform the practice that the patient received an email/text from the practice.
5. Take precautions to preserve the confidentiality of emails/texts, such as using screen savers and safeguarding his/her computer password.
6. Withdraw consent only by email or written communication to the practice.
7. Contact the doctor or staff with any privacy concerns before communicating with the practice via email or text message.

## PATIENT ACKNOWLEDGMENT AND AGREEMENT

I acknowledge that I have read and fully understand the information the practice has provided me regarding the risks of using email and text messaging. I understand the risks associated with the communication of email and text between the practice and me, and consent to the conditions outlined in this document. In addition, I agree to the instructions outlined above, as well as any other instructions that the practice may impose regarding email or text message communications.

\_\_\_\_\_  
*Phone number to be used for appointment text*

\_\_\_\_\_  
*Email address authorized to be used for sending medical records*

\_\_\_\_\_  
*Patient Name*

\_\_\_\_\_  
*Patient Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Patient/Guardian Name*

\_\_\_\_\_  
*Patient/Guardian Signature*

\_\_\_\_\_  
*Date*