

## Electronic Communication Consent

Email communication provides for a fast and easy way to communicate with your healthcare team for those issues that are non-emergent, non-urgent or non-critical. It is not a replacement for the interpersonal contact that is the very basis of the patient-healthcare provider/team relationship; rather it can support and strengthen an already established relationship.

The following summarizes the information you need to determine whether you wish to supplement your healthcare experience at our practice by electronically communicating with staff members.

### General Considerations

- Email communication will be considered and treated with the same degree of privacy and confidentiality as written medical records.
- Standard email communication services, such as AOL, Yahoo and Hot Mail are not secure. This means that the email messages are not encrypted and can be potentially intercepted and read by unauthorized individuals.
- Your email address will not be used for external marketing purposes without your permission. You may receive a group emailing from the practice, however, the recipients email addresses will be hidden.

### Healthcare Team Responsibilities

- Staff will attempt to electronically confirm your email address by requesting a return response to all email messages.
- Your provider may route your email messages to other members of the staff for information purposes or for expediting a response.
- Designated staff may receive and read your email.
- Every attempt will be made to respond to your email message within 2 business days (Monday – Friday, non-holidays). *If you do not receive a response from the practice within 2 business days, please contact the practice by phone.*
- Copies of emails sent and received from and to you could be incorporated into your medical record. You are advised to retain all electronic correspondence for your own files.

### Patient Responsibilities

- Email messages should not be used for emergencies or time sensitive situations. In the event of a medical emergency, you should immediately call 911. For emergent or time sensitive situations, you should contact the practice by phone.
- Email messages should be concise. Please arrange for an office appointment if the issue is too complex or sensitive to discuss via email.
- Please include your full name and the topic, i.e., medication question, in the subject line. This will serve to identify you as the sender of the email.
- Please acknowledge that you received and read the message by return email to the sender.

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I have read and understood the above description of the risks and responsibilities associated with electronic communication with my healthcare team.

I acknowledge that commonly used email services are not secure and fall outside of the security requirements set forth by the Health Insurance Portability and Accountability Act for the transmission of protected health information.

I have been given the opportunity to discuss electronic communication with a representative of SRM and have had all my questions answered.

In consideration for my desire to use electronic communication as an adjunct to in-person office visits with my healthcare team, I hereby consent to electronic communication via non-secure email services.

I understand that I may revoke my consent to communicate electronically at any time by notifying the practice in writing at the address below, but if I do, the revocation will not have an affect on actions my healthcare provider or team has already taken in reliance on my consent.

I agree and release my provider and practice from any and all liability that may occur due to electronic communication over a non-secure network.

I further agree to be held accountable and to comply with the patient responsibilities as outlined in this consent.

**PATIENT**

\_\_\_\_\_  
Patient Authorized Email Address (please print)

\_\_\_\_\_  
Patient Name (Print)

\_\_\_\_\_  
Patient Signature Date

**PARTNER (if applicable)**

\_\_\_\_\_  
Patient Authorized Email Address (please print)

\_\_\_\_\_  
Patient Name (Print)

\_\_\_\_\_  
Patient Signature Date