



E-MAIL CONSENT FORM

Printed Patient's Name _____ Date of Birth _____

Patient's e-mail address (case sensitive) _____

IN A MEDICAL EMERGENCY, DO NOT USE E-MAIL. CALL 911.

1. RISK OF USING E-MAIL

Pullman Family Medicine offers patients the opportunity to communicate by e-mail. Transmitting patient information by e-mail, however, has a number of risks that patients should consider before using e-mail. These include, but are not limited to, the following risks:

- E-mail can be circulated, forwarded, and stored in numerous paper and electronic files.
- E-mail can be immediately broadcast worldwide and be received by many intended and unintended recipients.
- E-mail senders can easily misaddress an e-mail
- E-mail is easier to falsify than handwritten or signed documents.
- Backup copies of e-mail 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 e-mails transmitted through their systems.
- E-mail can be intercepted, altered, forwarded, or used without authorization or detection.
- E-mail can be used to introduce viruses into computer systems.
- E-mail can be used as evidence in court.

2. CONDITIONS FOR THE USE OF E-MAIL

Pullman Family Medicine will use reasonable means to protect the security and confidentiality of e-mail information to be sent and received. However, because of the risks outlined above, we 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 Pullman Family Medicine's intentional misconduct. Thus, you must consent to the use of e-mail for patient information. Consent to the use of e-mail includes agreement with the following conditions:

- Pullman Family Medicine may forward e-mails internally to our staff and agent necessary for diagnosis, treatment, reimbursement, and other handling. Pullman Family Medicine will not, however, forward e-mails to independent third parties without the patient's prior written consent, except as authorized or required by law.
- Although Pullman Family Medicine will endeavor to read and respond promptly to an e-mail from a patient, we cannot guarantee that any particular e-mail will be read and responded to within any particular period of time. Thus the patient shall not use e-mail for medical emergencies or other time sensitive matters.
- If the patient's e-mail requires or invites a response from Pullman Family Medicine, 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 will respond.

- The patient should not use e-mail for communication regarding sensitive medical information, such as information regarding sexually transmitted diseases AIDS/ HIV, mental health, developmental disability, or substance abuse.
- The patient is responsible for informing Pullman Family Medicine of any types of information the patient does not want to be sent by e-mail, in addition to sensitive material previously described.
- The patient is responsible for protecting his/her password or other means of access to e-mail. Pullman Family Medicine is not liable for breaches of confidentiality caused by the patient or any third party.
- Pullman Family Medicine shall not engage in e-mail communication that is unlawful, such as unlawfully practicing medicine across state lines.
- It is the patient's responsibility to follow up and / or schedule an appointment if warranted.
- The patient must be 18 years or older or an emancipated or self-sufficient minor before Pullman Family Medicine can send an e-mail about the patient.

3. INSTRUCTIONS

To communicate by e-mail, the patient shall:

- Inform Pullman Family Medicine of changes in his / her e-mail.
- Put the patient's name in the body of the e-mail.
- Include the category of the communication in the e-mail's subject line, for routing purposes (e.g. lab results).
- Review the e-mail to make sure it is clear and that all relevant information is provided before sending to Pullman Family Medicine. Include a phone number at which the patient can be reached.
- Take precautions to preserve the confidentiality of your e-mail.
- Withdraw consent to use e-mail only by written communication to Pullman Family Medicine.

4. PATIENT 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 Pullman Family Medicine and me, and consent to the conditions herein. In addition, I agree to the instructions outlined herein, as well as any other instructions that Pullman Family Medicine may impose to communicate with patients by e-mail.

Patient signature _____

Date _____