

WILLIAM A DENNIS, MD E-MAIL/PATIENT PORTAL COMMUNICATION CONSENT FORM

- 1) **Risk of Using E-mail:** William A Dennis, MD (WADMD) 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:
 - a. E-mail can be circulated, forwarded and stored in numerous paper and electronic files.
 - b. E-mail can be immediately broadcast worldwide and received by many intended and unintended recipients.
 - c. E-mail senders can easily misaddress an e-mail.
 - d. E-mail is easier to falsify than handwritten or signed documents.
 - e. **Backup copies of e-mail** may exist even after the sender or the recipient has deleted her copy.
 - f. **Employers and on-line services** have a right to archive and inspect e-mails transmitted through their systems.
 - g. E-mail can be intercepted, altered, forwarded or used without authorization or detection.
 - h. E-mail can be used to introduce viruses into computer systems.
 - i. E-mail can be used as evidence in court.
 - j. E-mail can be lost in transmission.
- 2) **Conditions for the use of E-mail:** WADMD will use reasonable means to protect the security and confidentiality of e-mail information sent and received; however, because of the risks outlined above, WADMD 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 WADMD's intentional misconduct. Therefore, a patient must specifically grant her consent to the use of e-mail for communication between the patient and WADMD. Consent to the use of e-mail includes agreement with the following conditions:
 - a. **All e-mails** to or from the patient concerning diagnosis or treatment will be made part of the patient's medical record. Because they are a part of the medical record, other individuals authorized to access the medical record, such as support staff and billing personnel will have access to those e-mails.
 - b. **Roper Saint Francis Healthcare may forward e-mails** internally to WADMD's staff and agents as necessary for diagnosis, treatment, reimbursement and other handling. WADMD will not, however, forward e-mails to independent third parties without the patient's prior written consent, except as authorized or required by law. Patient understands and acknowledges that all e-mails between the patient and WADMD will be maintained in the patient's medical file and any person authorized to access the patient's medical file shall have access to such e-mail.
 - c. **Although WADMD will endeavor to read and respond promptly to an e-mail** from the patient, WADMD cannot guarantee that any particular e-mail will be read and responded to within any particular period of time. The patient shall not use e-mail for medical emergencies or other time-sensitive matters.
 - d. **If the patient's e-mail** requires or invites a response from WADMD 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 e-mail and when the recipient will respond.

- e. **Then 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.
 - f. **The patient is responsible for informing WADMD in writing of any types of information the patient does not want to be sent by e-mail**, in addition to those set out in 2.e. above.
 - g. **The patient is responsible for protecting her password or other means of access to e-mail.** WADMD is not liable for breaches of confidentiality caused by the patient or any third party.
 - h. **It is the patient's responsibility to follow up and/or schedule an appointment if warranted.**
- 3) **Instructions:** To communicate by e-mail, the patient shall:
- a. **Limit or avoid use of her employer's computer.**
 - b. Inform WADMD of changes in her e-mail address.
 - c. Put the patient's name in the body of the e-mail.
 - d. Include the category of the communication in the e-mail's subject line, for routing purposes (e.g., billing, prescription information, medical advice).
 - e. Review the e-mail to make sure it is clear and that all relevant information is provided before sending to WADMD.
 - f. Send a reply message or delivery receipt to WADMD to acknowledge patient's receipt of any e-mail from WADMD.
 - g. Take precautions to preserve the confidentiality of e-mails, such as using screen savers and safeguarding her computer password.
 - h. Withdraw consent only by e-mail or written communication to WADMD.
- 4) **Patient Acknowledgment 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 WADMD and me, and I consent to the conditions outlined herein. I further agree to waive any and all claims that may arise against WADMD, its affiliate, subsidiaries, directors, employees, agents, and representatives resulting from the use or misuse of e-mail. In addition, I agree to the instructions outlined herein as well as any other instructions that RSFH may impose to communicate with patients by e-mail. Any questions I may have had were answered.

Patient Signature _____

Witness Signature _____

Date _____

Date _____

Patient's E-mail Address: _____