

RHEUMATOLOGY ASSOCIATES, P.A.

E-MAIL COMMUNICATION CONSENT FORM

1. Risk of Using E-Mail. Rheumatology Associates 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 his or 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. Rheumatology Associates will use reasonable means to protect the security and confidentiality of e-mail information sent and received; however, because of the risks outlined above, Rheumatology Associates 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 Rheumatology Associates intentional misconduct. Therefore, a patient must specifically grant his or her consent to the use of e-mail for communication between the patient and Rheumatology Associates. 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. Rheumatology Associates may forward e-mails internally to Rheumatology Associates staff and agents as necessary for diagnosis, treatment, reimbursement and other handling. Rheumatology Associates 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 Rheumatology Associates 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 email.

- c. Although Rheumatology Associates will endeavor to read and respond promptly to an e-mail from the patient, Rheumatology Associates 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 Rheumatology Associates 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. 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.
- f. The patient is responsible for informing Rheumatology Associates 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 his/her password or other means of access to e-mail. Rheumatology Associates 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 his/her employer's computer.
- b. Inform Rheumatology Associates of changes in his/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 question, 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 Rheumatology Associates.
- f. Send a reply message or delivery receipt to Rheumatology Associates to acknowledge patient's receipt of any e-mail from Rheumatology Associates.
- g. Take precautions to preserve the confidentiality of e-mails, such as using screen savers and safeguarding his/her computer password.
- h. Withdraw consent only by e-mail or written communication to Rheumatology Associates.

***Acknowledgement for Email Communication Consent Form**

4. Patient Acknowledgment and Agreement. I acknowledge that I have been provided a copy of the Email Communication Consent and fully understand this form. I understand the risks associated with the communication of e-mail between Rheumatology Associates and me, and I consent to the conditions outlined herein. I further agree to waive any and all claims that may arise against Rheumatology Associates, employees 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 Rheumatology Associates may impose to communicate with patients by e-mail. Any questions I may have had were answered.

Patient Signature _____

Date _____

Email Address _____