

**The Children's Medical Group, PLLC
E-mail Consent**

Patient name _____

(First)

(Last)

Patient DOB _____/_____/_____

(MM) (DD) (YYYY)

1. RISK OF USING E-MAIL

The Children's Medical Group (CMG) 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 be received by many intended and unintended recipients.
- c. E-mail senders can easily misaddress an e-mail, or e-mail may inadvertently be delivered to a spam folder or unintended mailbox.
- 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 the 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.

2. CONDITIONS FOR THE USE OF E-MAIL

The Children's Medical Group will use reasonable means to protect the security and confidentiality of e-mail information sent and received. However, because of the risks outlined above The Children's Medical Group cannot guarantee the security and confidentiality of e-mail communication and, if you wish to use e-mail, you agree that The Children's Medical Group will not be liable for improper disclosure of confidential information that is not caused by The Children's Medical Group's intentional misconduct. Thus, the patients must consent to the use of e-mail includes agreement with the following conditions:

- a. The Children's Medical Group will not forward e-mails to independent third parties without the patient's prior written consent, except as authorized or required by law.
- b. Although The Children's Medical Group will endeavor to read and respond promptly to an e-mail from the patient, The Children's Medical Group 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.
- c. If the patient's e-mail requires or invites a response from The Children's Medical Group staff 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.
- d. 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.
- e. The patient is responsible for protecting his/her password or other means of access to e-mail. The Children's Medical Group is not liable for breaches of confidentiality caused by the patient or any third party.
- f. 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 The Children's Medical Group 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).
- e. Review the e-mail to make sure it is clear and that all relevant information is provided before sending to The Children's Medical Group.
- f. Take precautions to preserve the confidentiality of e-mail, such as using screen savers and safeguarding his/her computer password.
- g. Withdraw consent only via written communication to The Children's Medical Group.

4. PATIENT ACKNOWLEDGEMENT AND AGREEMENT

I acknowledge that I have read and fully understand this consent form. (Please initial one option below):

- I understand the risks associated with the communication of e-mail between The Children's Medical Group and me, and consent to the conditions herein. In addition, I agree to the instructions outlined herein, as well as any other instructions that The Children's Medical Group may impose to communicate with patients by e-mail. Any questions I may have had were answered. I have provided my email address below.
- I do not consent to communicate with The Children's Medical Group via email. However, if I should initiate after signed withholding of consent, I hereby have revoked consent and have now agreed to communication via email.

Parent/Patient (18 yrs and older) Signature: _____

Date _____/_____/_____
(MM) (DD) (YYYY)

If agreeing to email communication, please provide:

Email: _____ @ _____

Witness signature _____

Date _____/_____/_____
(MM) (DD) (YYYY)