

Family Health Care Medical Group of Modesto, Inc.
PATIENT E-MAIL CONSENT FORM

1. RISK OF USING E-MAIL

Transmitting patient information by E-mail has a number of risks that patients should consider. These include, but are not limited to, the following:

- a) E-mail can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.
- b) E-mail senders can easily misaddress an E-mail.
- c) Backup copies of E-mail may exist even after the sender or the recipient has deleted his or her copy.
- d) Employers and on-line services have a right to inspect E-mail transmitted through their systems.
- e) E-mail can be intercepted, altered, forwarded, or used without authorization or detection.
- f) E-mail can be used to introduce viruses into computer systems.

2. CONDITIONS FOR THE USE OF E-MAIL

The Provider cannot guarantee but will use reasonable means to maintain security and confidentiality of E-mail information sent and received. The Patient and Provider must consent to the following conditions:

- a) E-mail is not appropriate for urgent or emergency situations. The Provider cannot guarantee that any particular E-mail will be read or responded to.
- b) The Provider will not forward patient-identifiable E-mails outside Family Health Care without the Patient's prior written consent, except as authorized or required by law.
- c) The Patient should not use E-mail for communication regarding sensitive medical information.
- d) Recommended uses of patient-to-provider E-mail should be limited to:
 - a. Appointment requests
 - b. Billing information
 - c. Referral questions
 - d. Requests for medical records
 - e. Information about lab and/or x-ray results

3. INSTRUCTIONS

To communicate by E-mail, the Patient shall:

- a) Avoid use of his/her employer's computer.
- b) Put the Patient's name and date of birth in the body of the E-mail.
- c) Put the topic (e.g., medical question, billing question) in the subject line.
- d) Inform the Provider of changes in the Patient's E-mail address.
- e) Take precautions to preserve the confidentiality of E-mail.
- f) Contact the Provider's office via conventional communication methods (phone, fax, etc) if the patient does not receive a reply within a reasonable period of time.

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 the Provider and me. I consent to the conditions and instructions outlined here, as well as any other instructions that the Provider may impose to communicate with me by E-mail. I agree to use only the pre-designated E-mail address specified below. Any questions I may have had were answered.

Patient Name _____
E-Mail _____
Signature _____
Date _____