

PATIENT E-MAIL COMMUNICATION CONSENT FORM

Risks of Using E-mail

Dr. Dec's office is now offering patients the opportunity to communicate by E-mail. E-mailing patient information includes several risks of which you should be aware. Patients should not agree to communicate with Dr. Dec or his staff via E-mail without understanding and accepting these risks.

The risks include, but are not limited to, the following:

- * The privacy and security of any E-mail communication cannot be guaranteed.
- * If you are E-mailing from work, employers and online service providers may have a legal right to inspect and keep E-mails that pass through their system.
- * E-mail is easier to falsify than handwritten or signed hard copies. Also, it is impossible to verify the true identity of the sender, or to ensure that only the recipient can read the E-mail once it has been sent.
- * E-mail can be used as evidence in court.

Conditions of Using E-mail

Dr. Dec's staff will use reasonable means to protect the security and confidentiality of E-mail information sent and received. However, because of the risks outlined above, Dr. Dec and his staff cannot guarantee the security and confidentiality of outgoing E-mail communication, and will not be liable for improper disclosure of confidential information that is not the direct result of intentional misconduct of physician or staff. Thus, patients must consent to the use of E-mail for communicating patient information.

Consent to the use of email includes agreement with the following conditions:

- * E-mail will *not* be used to communicate emergency or urgent health matters.
- * E-mail communication is not an appropriate substitute for clinical examination. Patients are responsible for following up on Dr. Dec's E-mail advice and for scheduling appointments.
- * Dr. Dec and/or his staff will attempt to check E-mails once a day but a response may take up to 1 week.
- * Not all E-mails will be forwarded to Dr. Dec if another staff member can address the issue.
- * Dr. Dec is not responsible for information loss due to technical failures.
- * You will notify Dr. Dec or his staff should there be any change in your E-mail address.

Instructions for Communication by Email

To Communicate by email, the patient shall:

- * Inform Dr. Dec or his staff of any changes in an E-mail address.
- * Withdraw consent only by E-mail or written communication to Dr. Dec and/or his staff.
- * Should a patient require immediate assistance, or if a patient's condition appears serious or rapidly worsens, the patient should not rely on E-mail. Rather, such patients should call the office for an appointment or take other measures as appropriate, such as proceeding to the Emergency Department.

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 Dr. Dec and his staff, and consent to the conditions outlined herein, as well as any other instructions that Dr. Dec and his staff may impose to communicate with patients by email. I acknowledge the right Dr. Dec and his staff to, upon the provision of written notice, withdraw the option of communicating through email. Any questions that I had, were answered.

I am at least 18 years of age and competent to contract on my own behalf.

Patient Email: _____

Patient Name: _____

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____