

## Consent for Electronic Mail (“Email”) Use

\_\_\_\_\_ (“Clinic”) offers patient the opportunity to communicate by Email for non-urgent matters. This form provides the guidelines regarding Email communications, and documents your consent.

### **IN CASE OF A MEDICAL EMERGENCY, DO NOT USE E-MAIL. CALL 911**

<b>Email Use</b>	Email communications should be between the Clinic and an adult patient 18 years of age or older, or the parent or guardian of a minor.
<b>Do Not Use Email For</b>	Do not use Email for communicating sensitive medical information such as sexually transmitted diseases, HIV, hepatitis, substance abuse, mental health or presence of malignancy. Do not send any attachments by Email.  Do not use Email to request records. Please call your Clinic.
<b>Privacy, Security &amp; Confidentiality</b>	Although the Clinic has implemented reasonable technical safeguards, the Clinic cannot and does not guarantee the privacy, security or confidentiality of any Email messages sent or received over the Internet. There is a potential that Email sent or received over the Internet can be intercepted, altered, forwarded, and / or read by others. The Clinic is not responsible for Email messages that are lost due to technical failure during composition, transmission, or storage. The Clinic will not forward Emails to independent third parties without your prior written consent, except as authorized or required by law. <u>If any of this is a concern to you, you should not communicate with the Clinic through Email.</u>
<b>Creating a Message</b>	In the “Subject” line of the email, please include general topic of your message (i.e., prescription, appointment, medical advice, billing question).  In the body of the message, please include the patient’s name and date of birth. This information is necessary to verify your identity and make sure we pull the correct medical file.
<b>Content of the Message</b>	Email should only be used for non-sensitive and non-urgent issues. Email communications are appropriate for the following type of transactions: <ul style="list-style-type: none"><li>• Appointment scheduling;</li><li>• Prescriptions / refills;</li><li>• General medical advice after an initial face-to-face visit;</li><li>• Billing Questions;</li><li>• Referrals;</li><li>• Lab/Test Results;</li></ul>
<b>Response Time</b>	Although Mercy Medical Clinics will endeavor to read and respond within 24 hours to any Email, we cannot guarantee that any particular Email will be responded to within any particular period of time. If you have not received a response within 3 days, please call your Clinic.
<b>Documentation In Medical Record</b>	Email communications regarding treatment will be documented in your medical record by placing a copy of the message in your file.
<b>Ending Email Relationship</b>	You may discontinue using Email as a means of communication by sending an email or letter to the Clinic.

I acknowledge that I have read and fully understand this consent form and that I voluntarily request the use of Email as one form of communication with the Clinic.

Signature of Patient, Parent or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship (if other than patient)