

Email Consent

Patient Name: _____ Patient Date of Birth: _____

Patient email: (please print clearly) _____

Provider: Catherine M. DiGiorgio, MD

Provider email: @cmdderm.com

Uncrypted E-mail is not a secure form of communication. We will use the minimum necessary amount of protected health information in any communication.

1. Risk of using email: Transmitting patient information by E-mail has a number of risks, including but 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 recipient has deleted his or her copy.
 - d. Employers and on-line services have a right to inspect email 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.
 - b. The provider cannot guarantee that any particular email will be read or responded to.
 - c. E-mail must be concise.
 - d. The patient should schedule an appointment if the issue is to complex or sensitive to discuss via E-mail.
 - e. E-mail communications between patient and provider will be filed in the Patient's permanent medical record or file.
 - f. The patient's messages may also be delegated to another provider or staff member for response. Office staff may also receive and read or respond to patient messages.
 - g. The provider will not forward patient-identifiable email outside of "Dermatology, Laser & Aesthetics, PLLC" without the patient's prior written consent, except as authorized or required by law.

- h. The patient should not use E-mail for communication regarding sensitive or financial information (ie: credit card numbers).
- i. It is the patient's responsibility to follow up and/or schedule an appointment if warranted.
- j. Recommended uses of patient-to-provider E-mail should be limited to:
 1. Appointment requests
 2. Appointment confirmations
 3. Requests for information
 4. Non-urgent health care questions
 5. Updates to information or exchange of non-critical information (such as routine laboratory values, immunizations, insurance changes, financial eligibility information, financial statements).
3. Instructions: To communicate by email, the patient shall:
 - a. Avoid the use of his/her employer's computer.
 - b. Put the patient's name in the body of the E-mail.
 - c. Put the topic (eg: medical question, billing question) in the subject line.
 - d. Inform the provider of changes in the patient's email address.
 - e. Take precautions to preserve the confidentiality of email and any attached documents.
 - f. Contact the provider's office via telephone 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 risk 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 email address specified above. Any questions I may have had were answered fully and to my full satisfaction and understanding.

Patient signature _____
Date _____