

## **Patient Consent for Use of Electronic Mail**

Patient name:

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Patient address:

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Medical Record Number:

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Patient e-mail address:

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### **1. RISK OF USING E-MAIL**

CapitalCare offers patients the opportunity to communicate with clinicians by e-mail. Transmitting patient information by e-mail, however, has a number of risks that patients should consider before giving consent. These risks include, but are not limited to:

- 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 both intended and unintended recipients.
- c. E-mail senders can misaddress e-mail.
- d. E-mail can be more easily falsified 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 a 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**

CapitalCare will use reasonable means to protect the security and confidentiality of e-mail information sent and received. However, because of

the risks outlined above. CapitalCare cannot guarantee the security and confidentiality of e-mail communication, and will not be liable for improper disclosure of confidential information that is not caused by CapitalCare's intentional misconduct. Thus, patients must consent to the use of e-mail for patient information. Consent to the use of e-mail includes agreement with the following conditions:

- a. All e-mails to or from the patient concerning diagnosis or treatment will be printed out and made part of the patient's medical record. Because they are a part of the medical record, other individuals authorized to access the medical record, such as staff and billing personnel, will have access to those e-mails.
- b. CapitalCare may forward e-mails internally to CapitalCare's staff and agents as necessary for diagnosis, treatment, reimbursement, and other handling. CapitalCare will not, however, forward e-mails to independent third parties without the patient's prior written consent, except as authorized or required by law.
- c. Although CapitalCare will endeavor to read and respond promptly to an e-mail from the patient, CapitalCare 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.
- d. If the patient's e-mail requires or invites a response from CapitalCare 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.
- e. The patient should not use e-mail for communication regarding sensitive medical information, such as information regarding sexually transmitted diseases, AIDS/HIV, mental health, issues of abuse, developmental disability, or substance abuse.
- f. The patient is responsible for informing CapitalCare of any types of information the patient does not want to be sent by e-mail, in addition to those set out in (e) above.
- g. The patient is responsible for protecting his/her password or other means of access to e-mail. CapitalCare is not liable for breaches of confidentiality caused by the patient or any third party.
- h. CapitalCare shall not engage in e-mail communication that is unlawful, such as unlawfully practicing medicine across state lines.
- i. 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 CapitalCare of changes in his/her e-mail address.
- c. Put his/her 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 Provider.
- f. Inform CapitalCare that the patient received e-mail from CapitalCare.
- g. Take precautions to preserve the confidentiality of e-mails, such as using screen savers and safeguarding his/her computer password.
- h. Withdraw consent only by e-mail or written communication to CapitalCare.

### **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 CapitalCare and me, and consent to the conditions outlined herein. In addition, I agree to the instructions outlined herein, as well as any other instructions that CapitalCare may impose to communicate with patients by e-mail. Any questions I may have had ere answered.

Patient signature:

\_\_\_\_\_

Date: \_\_\_\_\_

Witness Signature:

\_\_\_\_\_

Date: \_\_\_\_\_