



E-mail Consent Form

Texas Endocrinology, PLLC offers patients the opportunity to communicate via e-mail in certain cases. Many enjoy the conveniences of using this method of communication to other forms of communication, however, there are certain risks and/or concerns that may arise by transmitting information through e-mail. Before opting to use e-mail as a preferred mode of communication, there are certain risks and/or concerns that should be considered. Some of the possible risks may include, but are not limited to, the following:

RISKS OF USING E-MAIL

- E-mail can be intercepted, circulated, forwarded, printed and stored in paper and electronic files. This may be done without the knowledge of the physician or the patient.
- E-mail can be sent out and received by many intended and unintended recipients.
- E-mail senders can easily misaddress an e-mail.
- E-mail is easier to alter than handwritten or signed documents.
- E-mail can be intercepted, changed, forwarded, or used without authorization or detection.
- E-mail can be used to introduce viruses into computer systems and potentially damage or disrupt the computer system.
- E-mail can be used as evidence in court.
- E-mail is indelible. Even after the sender and recipient have deleted their copies of the e-mail, backup copies of the e-mail may still exist.
- Employers and on-line services have a right to archive and check or monitor e-mails transmitted through their systems. Some employers may even store e-mail messages indefinitely.

CONDITIONS FOR THE USE OF E-MAIL

The physician or approved designees of the practice will use reasonable means to protect the security and confidentiality of e-mail information that is sent and received, as is required by HIPPA, Texas law and HITECH. However, as a result of the risks outlined above, the physician and/or approved designees of the practice cannot guarantee the security and confidentiality of e-mail communication and will not be held liable for the improper use and/or disclosure of confidential information. Therefore, the patient must understand and consent to the use of e-mail for transmission of patient medical information, which involves agreement to the following conditions and terms:

- E-mails to or from the patient concerning diagnosis or treatment may be printed out and made part of the patient's medical record. Because they are then a part of the medical record, other individuals who are authorized to access the medical record, such as staff and billing personnel, will also have access to those e-mails.
- The practice may forward e-mails internally to other staff in the practice, as necessary, for diagnosis, treatment, reimbursement, and other healthcare operations. The physician and/or other members of the practice will not, however, forward e-mails to independent third parties without the patient's prior written consent, except as authorized or required by law.
- The practice will try to read and respond quickly to e-mails from patients, however we cannot guarantee that any particular e-mail will be read and responded to within any particular period of time. Thus, the patient should not use e-mail for medical emergencies or other time-sensitive matters.
- If the patient's e-mail requires or invites a response from the physician or practice and the patient has not received a response within a reasonable time period, it is the patient's responsibility to call the practice in order to determine whether the intended recipient received the e-mail and when the recipient will respond.
- The patient should not use e-mail for discussing sensitive medical information, such as sexually transmitted diseases, AIDS/HIV, mental health, developmental disability, or substance abuse.
- The physician cannot engage in e-mail communication that is unlawful, such as practicing medicine across state lines.
- E-mail communication is not an appropriate substitute for a proper clinical examination to diagnose, treat, manage, and/or address any health conditions or concerns of the patient. It is the patient's responsibility to follow up on the physician's e-mail for scheduling of necessary appointments.

INSTRUCTIONS WHEN USING E-MAIL

When communicating through e-mail, the patient is advised to:

- Limit or avoid using an employer's or other third party's computer system for transmission of information
- Inform the physician/practice of changes in e-mail addresses provided.
- In order to ensure that an e-mail is handled and forwarded by the proper person, include the category of the communication in the e-mail's SUBJECT LINE, (e.g., "Prescription Renewal"). In the BODY of the e-mail include the name of the patient.
- Review the e-mail to make sure it is clear and that all relevant information is provided before sending to the physician/practice.
- Reply to physician/practice upon receipt of an e-mail so as to affirm correct delivery of the intended e-mail recipient.
- Take precautions to preserve the confidentiality of e-mails, such as using screen savers and safeguarding computer passwords.
- Withdraw consent only by e-mail or written communication to the physician/practice.
- E-mail SHOULD NOT be used for medical emergencies or matters that are in need of immediate assistance. In cases where the patient the condition is serious or is rapidly worsening, the patient should call the physician's office for consultation or an appointment or take other measures for immediate attention, such as visiting an urgent care clinic or emergency room.
- Contact the practice at (979) 977-7012 if you have any further questions regarding e-mail.

PATIENT ACKNOWLEDGMENT AND AGREEMENT

I acknowledge that I have read and fully understand the information Texas Endocrinology, PLLC has provided to me regarding the risks of using e-mail. Furthermore, I fully understand the outlined risks associated with using e-mail as a form of communication. Regardless of the risks associated with using e-mail, I consent to the conditions outlined herein. I acknowledge and agree to the physician's right to use e-mail to facilitate communications about me, as well as any other instructions that the physician may impose regarding e-mail communications.

Patient Printed Name:

Patient Signature:

Patient E-mail:

Date:

Office Staff Use:

Witness Printed Name:

Witness Signature:

Date:
