

Amy Nelson, ND
955 Carrillo Dr. #105
Los Angeles, CA 90048
323.470.0511 Email: AmyNelsonND@gmail.com

EMAIL CONSENT FORM

Before sending Email to Amy Nelson, ND concerning your medical condition, please read and agree to the following information regarding the risks and conditions of Email use:

1. Risks Associated with Using Email

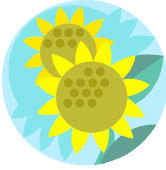
Amy Nelson, ND offers patients the opportunity to communicate by Email. However, transmitting patient information by Email has a number of risks that should be considered. These include, and are not limited to, the following risks:

- Email can be circulated, forwarded, and stored in numerous paper and electronic files.
- Email can be immediately broadcast worldwide and be received by many intended and unintended recipients.
- Email senders can easily misaddress an Email.
- Email is easier to falsify than handwritten or signed documents.
- Backup copies of Email may exist even after sender or recipients have deleted their copy.
- Employers and on-line services have a right to archive and inspect Emails transmitted through their systems.
- Email can be intercepted, altered, forwarded, or used without authorization or detection.
- Email can be used as evidence in court.

2. Conditions for the Use of Email

Amy Nelson, ND will use reasonable means to protect the security and confidentiality of Email information sent and received. However, because of the risks outlined above, Amy Nelson, ND cannot guarantee the security and confidentiality of Email communication, and will not be liable for improper disclosure of confidential information that is not caused by Amy Nelson ND's intentional misconduct. Thus, individuals must consent to the use of Email for communication. Consent to the use of Email includes agreement with the following conditions:

- Although Amy Nelson, ND will endeavor to read and respond promptly to an Email, Amy Nelson, ND cannot guarantee that any particular Email will be read and responded to within any particular period of time. **Thus, no one shall use Email for medical emergencies or other time-sensitive matters. Please call 911 for emergencies and go the nearest urgent care or immediate care center for urgent matters.**
- All Emails to or from patients may be made part of the patient's medical record. Because they are part of the medical record, other individuals authorized to access the medical record, such as staff and billing personnel, will have access to Email correspondence.
- *Amy Nelson, ND may forward Emails internally to the practice's staff and agents as necessary for diagnosis, treatment, reimbursement, and other handling. Amy



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Nelson, ND will not, however, forward Emails to independent third parties without the patient's prior written consent, except as authorized or required by law.

- If the individual's Email requires or invites a response from Amy Nelson, ND and the individual has not received a response in a timely manner or within a business week, it is the individual's responsibility to follow up by telephone to determine whether the intended recipient received the Email and when the recipient will respond.
- Individuals should not use Email for communication regarding sensitive medical information such as information regarding sexually transmitted diseases, AIDS/HIV, mental health, developmental disability, or substance abuse.
- Individuals are responsible for informing Amy Nelson, ND of any types of information that they desire not to be sent by Email, in addition to those called out in the above paragraph.
- The individual is responsible for protecting his/her password or other means of access to Email. Amy Nelson, ND is not liable for breaches of confidentiality caused by the individual or any third party.
- It is the individual's responsibility to follow up and/or schedule an appointment if warranted.

3. Communicating by Email

To communicate by Email, patients shall:

- Limit or avoid the use of his/her employer's computer.
- Inform Amy Nelson, ND of changes in his/her Email address.
- Put the patient's name in the body of the Email.
- Review the Email to make sure that it is clear and that all relevant information is provided before sending to Amy Nelson, ND.
- Take precautions to preserve the confidentiality of Email, such as using screen savers and safeguarding his/her computer password.
- Withdraw consent only by Email or written communication to Amy Nelson, ND.

Acknowledgment and Agreement

I acknowledge that I have read and fully understood this consent form. I understand the risks associated with Email communications between Amy Nelson, ND and me, and consent to the conditions outlined above. In addition, I agree to the instructions for communicating by Email outlined here, as well as any other instructions that Amy Nelson, ND may impose to Email communications.

 Patient Name (Please Print. Include parent/guardian name if patient is a minor.)

 Patient Signature (Parent/guardian signature if minor)

____/____/____
 Date