

Patient Name _____

Date of Birth _____

Online Communication Consent

Online communication is a form of communication using “secure” websites or email applications that only apply appropriate encryption technology designed to protect the transmission of confidential information. Online communication is an additional option for communication along with telephone, mail and in-person. It is not meant to replace other forms of communication with the doctor. Please note the following in regards to online communication:

1. Alternative methods of communications (telephone, in-person, mail) are still available to me.
2. I understand that all medical communications in a secure environment is substantially reduced, the risks are nonetheless real and very important to understand. These risks include, but are not limited to:
 - It is easier for online communication to be forwarded, intercepted, or even changed without my knowledge.
 - Online communication is easier to falsify than handwritten or signed hard copies. Backup copies may exist on a computer or in cyberspace, even after both of us have deleted our copies.
 - I will use a secure network. I will not use standard email or email systems provided by employers. I understand that employers have a right to inspect and keep online communication transmitted through their system.
 - Online communications become part of my medical record.
3. I agree to take precautions to keep online communications confidential, including but not limited to the following:
 - I will keep my password confidential
 - I will not store messages on an employer-provided computer.
 - I will not leave messages on my screen for others to read.
 - I will review my messages before sending to make sure that they are clear and that all relevant information is included.
 - I will update my contact information as soon as it changes.
4. I understand that I am responsible for taking steps to protect myself from unauthorized use of online communication. The doctor is not responsible for breaches of confidentiality caused by an independent third party to me.
5. I understand that it is my responsibility to inform the doctor of any treatments that I do not want transmitted via online communication.
6. I understand that online communications cannot be used for emergencies or time sensitive matters.

I certify that I have read and understand consent form, including the risks associated with online communication.

Patient or legal representative signature

Date