



EMAIL CONSENT FORM

Patient's Printed Name: _____

Approved Email Address (print clearly): _____

Is the email address: patient's home patient's work family of patient other

Name of owner of email address, if not patient: _____

1. RISK OF USING EMAIL

Prairie View offers patients or the patients' designees the opportunity to communicate by email. Transmitting patient information by email, however, has a number of risks that patients should consider before using email. These include, but are not limited to, the following risks:

- a. Email can be circulated, forwarded, and stored in numerous paper and electronic files.
- b. Email can be immediately broadcast worldwide and be received by many intended and unintended recipients.
- c. Email senders can easily mis-address email.
- d. Email is easier to falsify than handwritten or signed documents.
- e. Back-up copies of email may exist even after the sender or the recipient has deleted his or her copy.
- f. Employers and online services have a right to archive and inspect emails transmitted through their systems.
- g. Email can be intercepted, altered, forwarded, or used without authorization or detection.
- h. Email can be used to introduce viruses into computer systems.
- i. Email can be used as evidence in court.

2. CONDITIONS FOR THE USE OF EMAIL

Prairie View will use reasonable means to protect the security and confidentiality of email information sent and received. However, because of the risks outlined above, Prairie View 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 Prairie View's intentional misconduct. Thus, patients must consent to the use of email for patient information. Consent to the use of email includes agreement with the following conditions:

- a. All emails concerning diagnoses or treatment will be printed 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 will have access to those emails.
- b. Prairie View may forward emails to Prairie View staff and agents as necessary for diagnoses, treatment, reimbursement, and other handling. Prairie View will not, however, forward emails to independent third parties without the patient's prior written consent, except as authorized or required by law.
- c. Although Prairie View will endeavor to read and respond promptly to email, Prairie View cannot guarantee that any particular email will be read and responded to within any particular period of time. Thus, email should not be used for medical emergencies or other time-sensitive matters.

Name: _____

Prairie View Case Number: _____

- d. If an email requires or invites a response from Prairie View, and a response has not been received within a reasonable time period, it is the sender's responsibility to follow up to determine whether the intended recipient received the email and when the recipient will respond.
- e. The patient/designee is responsible for protecting his/her password or other means of access to email. Prairie View is not liable for breaches of confidentiality caused by the patient designee or any third party.
- f. It is the patient's responsibility to follow up and/or schedule an appointment if warranted.
- g. Prairie View is not currently equipped to encrypt or encode email messages, so all email between patient/designee and Prairie View remains in an easily readable format that anyone would be able to read who gains access to it.

3. INSTRUCTIONS

To communicate by email:

- a. Inform Prairie View of changes in email address.
- b. Do not put the patient's name in the subject line of the email.
- c. Include the category of the communication in the subject line, such as "Billing Question".
- d. Review the email to make sure it is clear and that all relevant information is provided before sending to Prairie View.
- e. Take precautions to preserve the confidentiality of emails, such as using screen savers and safeguarding computer passwords.
- f. Withdraw consent only by email or written communication to Prairie View.

4. PATIENT ACKNOWLEDGEMENT

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with communication by email and consent to the conditions outlined herein. In addition, I agree to the instructions that Prairie View may impose to communicate by email. Any questions I may have had were answered.

Signature of Patient

Date: _____

OR

Printed Name of Representative

Signature of Representative

Description of Representative's Authority
(e.g. Legal Guardian or Durable Power of Attorney)

Address Line 1

Prairie View Representative

Date: _____

Address Line 2

Phone: _____

Date: _____