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EMAIL CONSENT FORM

Patient Name: _____ Date of Birth: _____

Patient E-Mail: _____

IN A MEDICAL EMERGENCY, DO NOT USE E-MAIL. CALL 911

1. Risk of Using E-mail

Transmitting patient information by E-mail has a number of risks that patients should consider. These include, but are not limited to, the following:

- a) E-mail can be circulated, forwarded, stored electronically and on paper and broadcast to unintended recipients.
- b) E-mail senders can easily misaddress an E-mail.
- c) Backup copies of E-mail may exist even after the sender or the recipient has deleted his or her copy.
- d) Employers and on-line services have a right to inspect E-mail transmitted through their systems.
- e) E-mail can be intercepted, altered, forwarded, or used without authorization or detection.
- f) E-mail can be used to introduce viruses into computer systems.

2. Conditions for the use of E-mail

- a) ***E-mail is not appropriate for urgent or emergency situations. The provider cannot guarantee that any particular E-mail will be read or responded to.***
- b) E-mail must be concise. The patient should schedule an appointment if the issue is too complex or sensitive to discuss via E-mail.
- c) E-mail communications between patient and provider will be filed in the Patient's permanent medical record or departmental file.
- d) The Patient's messages may also be delegated to another provider or staff member for response. Office staff may also receive and read or respond to patient messages.
- e) The Patient should not use E-mail for communication regarding sensitive medical or financial information.
- f) It is the Patient's responsibility to follow up and/or schedule an appointment if warranted.
- g) ***Recommended uses of patient-to-provider e-mail should be limited to updates to information or exchange of non-critical information such as routine laboratory values, immunizations, insurance changes, financial eligibility information etc.***

3. Instructions

To communicate by E-mail, the Patient shall:

- a) Avoid use of his/her employer's computer.
- b) Put Patient's name in the body of the E-mail.
- c) Put the topic (e.g., medical question, billing question) in the subject line.
- d) Inform the Provider of changes in the Patient's E-mail address.
- e) Take precautions to preserve the confidentiality of E-mail and any attached documents.
- f) Contact the Provider's office via conventional communication methods (phone, fax, etc.) if the patient does not receive a reply within a reasonable period of time.

4. 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 the Provider and me. I consent to the conditions and instructions outlined here, as well as any other instructions that the Provider may impose to communicate with me by E-mail. I agree to use only the pre-designated e-mail address specified above. Any questions I may have had/were answered.

Patient Signature

Date