

**Eastside Surgery Center Informed Consent
Transmitting Protected Healthcare Information (PHI)
by Unsecured Email**

Email is a useful method of corresponding and sharing information with patients. However, transmitting confidential information by e-mail can create a number of risks, both general and specific, that patients need to be aware of if they choose this method of correspondence.

A. General Email risks include, but are not limited to, the following:

- Email can be immediately broadcasted worldwide and received by many intended and unintended recipients
- Recipients can forward email messages to other recipients without the original sender's permission or knowledge
- Users can easily send an e-mail to the incorrect address
- Email is easier to falsify than handwritten or signed documents
- Backup copies of email may exist even after the sender or the recipient has deleted his or her copy
- Without the benefit of face-to-face interaction, emails can be misinterpreted in tone and meaning

B. Specific email risks include, but are not limited to, the following:

- Email containing information pertaining to a patient's diagnosis and/or treatment must be included in the client's medical records. Thus, all individuals who have access to the medical record will have access to the email messages.
- If you are sending or receiving your emails from your employer's computer, your employer does have access to your emails.
- Although staff and physicians will endeavor to read and respond to email correspondence promptly, they cannot guarantee that any particular email message will be read and responded to within any particular time frame.

C. Conditions for use of Email

All email messages sent or received that concern your diagnosis or treatment or that are part of your medical record will be treated as part of your PHI. Reasonable means will be used to protect the security and confidentiality of the email. Because of the risk outlined above the security and confidentiality of email cannot be guaranteed.

Your consent to email correspondence includes your understanding of the following conditions:

- All emails to and from you concerning your personal health information (PHI) will be a part of your file and can be viewed by health care and insurance providers and center office staff.
- Your email messages may be forwarded within the organization as necessary for diagnosis, treatment, and reimbursement. However, they will not be forwarded outside the organization without your consent or as required by law.
- Though all efforts will be made to respond promptly this may not be the case. Because the response cannot be guaranteed ***please do not use email in a medical emergency.***
- You are responsible for following up with your physician or center staff if you have not received a response.
- You are responsible to keep your current email address up to date at the center. The center will send PHI to the address we have on file unless you notify us, in writing, of a new email address.
- Medical information is sensitive and unauthorized disclosure can be damaging. You should not use email for communications concerning diagnosis or treatment of AIDS/HIV infection, other sexually transmissible diseases, mental health, and developmental disability or substance abuse issues.
- Since employers do not observe an employee's right to privacy in their email system, you should not use your employer's email system to transmit or receive confidential emails.

- This center will take reasonable steps to ensure that all information shared through emails is kept private and confidential. However, this center is not liable for improper disclosure of confidential information that is not a result of our negligence or misconduct.
- If you consent to the use of email, you are responsible for informing your physician of any type of information that you do not want sent to you by email other than the information detailed in Section B.
- You are responsible for protecting your password and access to your email account and any email you send or you receive from this center to ensure your confidentiality. Your physician or this center cannot be held liable if there is a breach of confidentiality caused by a breach in your account security.
- Any email that you send that discussed your diagnosis or treatment constitutes informed consent to the information being transmitted. If you wish to discontinue emailing information, you must submit written consent or an email informing your therapist that you are withdrawing consent to email information.

Yes, I have read the above and consent to email correspondence

My email address is: _____

No, I am not interested in email correspondence.

Patient Signature

Date

If parent is signing on behalf of a patient under 18, please complete the information below:

Print Name of Parent (custodial and non-custodial) or Guardian

Date

Signature of Parent (custodial and non-custodial) or Guardian

Date

Address of Parent (custodial and non-custodial) or Guardian: Street, City State Zip

Home Phone number, Work cell of Parent (custodial and non-custodial) or Guardian