

PATIENT EMAIL CONSENT FORM



Jacksonville **Hearing & Balance** Institute
At Center One

North Florida Surgeons, P.A. consists of wholly-owned subsidiaries where medical services are provided (collectively referred to herein as "North Florida").

RISK OF USING E-MAIL

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") recommends that E-mail that contains protected health information be encrypted. E-mails sent from North Florida are not encrypted, so E-mails may not be secure. Therefore it is possible that the confidentiality of such communications may be breached by a third party. Transmitting patient information by E-mail has a number of risks that patients should consider before using E-mail. These include, but are not limited to, the following risks:

- 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) E-mail is easier to falsify than handwritten or signed documents.
- d) Backup copies of E-mail may exist even after the sender or the recipient has deleted his or her copy.
- e) Employers and on-line services have a right to inspect E-mail transmitted through their systems.
- f) E-mail can be intercepted, altered, forwarded, or used without authorization or detection.
- g) E-mail can be used to introduce viruses into computer systems.
- h) North Florida's computer server that stores and transmits e-mail messages could go down and E-mail would not be received or transmitted until the server is back on-line.
- i) E-mail can be used as evidence in court.

CONDITIONS FOR THE USE OF E-MAIL

North Florida cannot guarantee but will use reasonable means to maintain security and confidentiality of E-mail information sent and received. North Florida and Physician are not liable for improper disclosure of confidential information that is not caused by North Florida's or Physician's intentional misconduct. Patients (or parent/guardian/legal representative on behalf of Patient) must acknowledge and consent to the following conditions:

- a) **E-mail is not appropriate for urgent or emergency situations. North Florida and Physician cannot guarantee that any particular E-mail will be read and responded to within any particular period of time.**
- b) **If the patient's E-mail requires a response from North Florida or Physician, and the patient has not received a response within two (2) business days, it is the patient's responsibility to follow-up to determine whether the intended recipient received the E-mail and when the recipient will respond.**
- c) E-mail must be concise. The patient should schedule an appointment if the issue is too complex or sensitive to discuss via E-mail.
- d) All E-mail will usually be printed and included in the patient's medical record.
- e) North Florida office staff is responsible for storing and saving your E-mail messages, so staff may receive and read your messages.
- f) North Florida will not forward patient identifiable E-mails outside of North Florida without the patient's prior written consent, except as authorized or required by law.
- g) The patient should not use E-mail for communication regarding sensitive medical information, such as information regarding sexually transmitted diseases, AIDS/HIV, mental health, or substance abuse.
- h) North Florida is not liable for breaches of confidentiality caused by the patient or any third party.
- i) It is the patient's responsibility to follow up and/or schedule an appointment if warranted.
- j) This consent will remain in effect until terminated in writing by either the patient or North Florida.
- k) In the event that the patient does not comply with the conditions herein, North Florida may terminate patient's privilege to communicate by E-mail with North Florida.

INSTRUCTIONS FOR COMPOSING E-MAIL

- a) Put the patient's name in the body of the E-mail.
- b) Key in the topic (e.g., medical question, billing question) in the subject line.
- c) Inform North Florida of changes in the E-mail address of the patient/parent/guardian/legal representative.
- d) Acknowledge any E-mail received from North Florida and/or Physician.
- e) Take precautions to preserve the confidentiality of E-mail.
- f) Protect password or other means of access to E-mail of the patient/parent/guardian/legal representative.

PATIENT ACKNOWLEDGMENT AND AGREEMENT

I acknowledge that I have read and fully understand this consent form as evidenced by my signature on the North Florida Financial Agreement. I understand the risks associated with the communication of E-mail between North Florida, Physician and me, and consent to the conditions and instructions outlined, as well as any other instructions that North Florida may impose to communicate with patient by E-mail. If I have any questions, I may inquire with North Florida's Privacy Officer.

I, the patient or on behalf of the patient, for myself and the patient, my and the patient's heirs, executors, administrators and assigns, fully and forever release and discharge North Florida and its affiliates, shareholders, officers, directors, physicians, agents and employees, from and against any and all losses, claims, and liabilities arising out of or connected with the use of such E-mail.