

Patient-Provider E-Mail Agreement

E-mail offers an easy and convenient way for patients and doctors to communicate. In many circumstances, it has advantages over office visits or telephone calls. But remember: there are important differences. E-mail is not the same as calling my office; there is no person at the other end of the call – just a computer. You can't tell for certain when your message will be read, or even if I am in the office or on vacation. Nonetheless, the ease of communication of e-mail may be a benefit to patient care. It will further assist me if you could identify the nature of your request in the subject line of your message. Below are my rules for contacting me using e-mail.

- E-mail is never, ever, appropriate for urgent or emergency problems! Please use the telephone or go to the Emergency Department for emergencies.
- E-mail is great for asking minor questions that don't require a lot of discussion. Appropriate uses of e-mail also include prescription refill requests, referral and appointment scheduling requests and billing/insurance questions.
- E-mail should NOT be used to communicate sensitive medical information, such as information regarding sexually transmitted diseases, AIDS/HIV, mental health, developmental disability, or substance abuse.
- E-mail is not confidential. It is like sending a postcard through the mail. My staff may read your e-mail to handle routine, non-clinical matters. You should also know that if you are sending e-mail from work, your employer has a legal right to read your e-mail if he or she chooses.
- E-mail may become a part of the medical record; a copy may be printed and put in your chart.
- E-mail is not a substitute for seeing me. If you think that you might need to be seen, please call and book an appointment!

I DO want to communicate with my doctor electronically. I have read the above and understand the limitations of security on information transmitted electronically.
Either one of us may revoke this permission at any time.

Patient Name: _____ Date: _____

Patient Signature: _____

E-mail Address: _____