

## 1- RISKS OF USING EMAIL

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

- Emails sent from NOVA Neurology Center (“the practice”) are not encrypted, so emails may not be secure. Therefore, it is possible that the confidentiality of such communications may be breached by a third party.
- Email can be circulated, forwarded, and stored in numerous paper and electronic files.
- Email can be received by many intended and unintended recipients.
- Email senders can easily send an email to the wrong address.
- Email is easier to falsify than handwritten or signed documents.
- Email can be intercepted, altered, forwarded, or used without authorization or detection.
- Email can be used to introduce viruses into computer systems.
- Email can be used as evidence in court.
- Backup copies of email may exist even after the sender or the recipient has deleted his/her copy.
- Employers and on-line services have a right to archive and inspect emails transmitted through their systems.

## 2- CONDITIONS FOR THE USE OF EMAIL

The practice cannot guarantee but will use reasonable means to maintain security and confidentiality of email information sent and received. The practice and physician are not liable for improper disclosure of confidential information that is not caused by the practice’s or physician’s intentional misconduct.

Patients must acknowledge and consent to the following conditions:

- **Email will not be used for urgent or emergency situations.**
- The practice cannot guarantee that any particular email will be read and responded to within any particular period of time. Therefore, should you need immediate assistance, please call our office directly.
- If you send an email to the practice that requires a response and one is not given within a reasonable time frame, it is your responsibility to follow up with the practice.
- You should NOT use email in order to make disclosures about sensitive medical information such as: Substance Abuse, Mental Health and AIDS/HIV.
- Office staff may receive and read your messages.
- All emails to/from the practice concerning diagnosis or treatment will be made part of patient's medical record. Therefore, other individuals authorized to access the medical records, such as staff and administrative personnel, will have access to those emails.
- It is patient’s responsibility to follow up and/or schedule an appointment if warranted.
- This consent will remain in effect until terminated in writing by either the patient or the practice.

## 3- INSTRUCTIONS

To communicate by email, the patient shall:

- Take precautions to preserve the confidentiality of email and protect his/her password or other means of access to email.
- Avoid use of his/her employer’s computer.
- Inform the practice of changes in his/her email address in writing.

## 4- PATIENT ACKNOWLEDGEMENT AND AGREEMENT

By signing below, I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communication of email between the practice, physician and me, and consent to the conditions and instructions outlined, as well as any other instructions that the practice may impose to communicate with the patient by email. I, for myself, my heirs, executors, administrators and assigns, fully and forever release and discharge NOVA Neurology Center and its affiliates, physicians, agents and employees, from and against any and all losses, claims, and liabilities arising out of or connected with the use of such email. Any questions I may have had are answered.

\_\_\_\_\_  
Patient’s Name

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If signing on behalf of patient please print your name and relationship to patient below:

\_\_\_\_\_  
Authorized Person’s Name

\_\_\_\_\_  
Relationship to Patient