NOVA Neurology Center

EMAIL CONSENT FORM

1- RISKS OF USING EMAIL

Transmitting patient information by email involves risks that patients should consider before choosing to communicate by email. These risks include, but are not limited to:

- Emails sent from NOVA Neurology Center ("the practice") may be unencrypted and therefore may not be secure. An unauthorized third party could potentially access or read an email while it is in transit.
- Email can be circulated, forwarded, copied, and stored in paper or electronic files.
- Email may be received by intended or unintended recipients.
- An email may be sent to an incorrect address.
- Email can be altered, intercepted, forwarded, or used without authorization or detection.
- Email accounts or computer systems may be affected by viruses, malware, phishing, or unauthorized access.
- Email communications may be subject to legal process and may be used as evidence in court.
- Backup or archived copies of email may continue to exist after the sender or recipient deletes a message.
- Employers, internet service providers, or other organizations may have the ability to archive, monitor, or inspect email transmitted through their systems.

2- CONDITIONS FOR THE USE OF EMAIL

The practice will use reasonable safeguards to protect the privacy and security of email communications; however, the practice cannot guarantee the confidentiality or security of unencrypted email. By choosing unencrypted email, the patient acknowledges and accepts the risks associated with that method of communication.

- Email is not appropriate for urgent or emergency situations. If you are experiencing a medical emergency, call 911 or go to the nearest emergency department.
- The practice cannot guarantee that an email will be read or answered within any particular period of time. If you need prompt assistance, please call our office directly.
- If you send an email that requires a response and do not receive a response within a reasonable time, it is your responsibility to contact the practice by telephone or another appropriate method.
- Patients are strongly discouraged from sending highly sensitive medical information by unencrypted email, including information concerning substance use disorder treatment, mental health treatment, or HIV-related information. Please contact our office regarding a more secure method of communication when appropriate.
- Office staff involved in your care or practice operations may receive and read your messages.
- Email communications to or from the practice concerning your diagnosis, treatment, or other health care may become part of your medical record and may be accessible to persons authorized to access that record.
- It is the patient's responsibility to follow up and/or schedule an appointment when warranted.

3- INSTRUCTIONS

To communicate by email, the patient should:

- Take reasonable precautions to preserve the confidentiality of email and protect passwords and other means of access to the email account.
- Avoid using an employer's or other shared computer or email account when privacy is a concern.
- Provide the practice with an accurate email address and notify the practice promptly of any change.
- Do not use email for emergencies or matters requiring an immediate response.

4- PATIENT ACKNOWLEDGEMENT, REQUEST, AND CONSENT

By signing below, I acknowledge that I have read and understand this form and have had an opportunity to ask questions. I understand the risks associated with communicating by email, including the risks of unencrypted email. I understand that NOVA Neurology Center will use reasonable safeguards but cannot guarantee the security or confidentiality of unencrypted email. I request and consent to NOVA Neurology Center communicating with me by email, including unencrypted email when applicable, at the email address I provide below despite the risks described in this form. I understand that this consent does not waive NOVA Neurology Center's obligation to use reasonable safeguards or any rights or protections that I may have under applicable law.

_____ _____

Patient's Name Email Address

_____

_____

Signature Date

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

_____ _____

Authorized Person's Name Relationship to Patient