



PATIENT E-MAIL USAGE CONSENT

(CONSENT REQUIRED FOR PROVIDER/PATIENT E-MAIL COMMUNICATION)

As a patient, I find it beneficial to communicate with my healthcare provider (*specify name below*): _____ via electronic mail (e-mail). E-mail can be a valid, simple, convenient and inexpensive mechanism for communication and can be an aid in the healthcare delivery process.

Types of Permitted E-mail Transmissions: The types of information that can be communicated via e-mail with the provider include, but are not limited to, prescription refills, patient referrals, appointment scheduling requests, billing/insurance questions/answers, and patient education. If I am not sure if the issue I wish to discuss should be included in an e-mail to the provider, I will call the provider's office to schedule an appointment.

Fees: Fees may be assessed for any communications or consultations with the provider via e-mail; however, no fee shall be assessed for questions involving general information such as clinic hours, location of clinic, appointment scheduling requests, and billing/insurance questions/answers. *Provider to list applicable fees that may be assessed for on-line consultation:* _____

Alternate Forms of Communication: I understand that I may also communicate with the provider via telephone or during a scheduled appointment and that the e-mail is not a substitute for the care that may be provided during an office visit. Appointments should be made to discuss any new issues as well as any sensitive medical information.

Emergency Situations: E-mail should never be used for emergency situations or urgent problems. In the event of an emergency, I will call 911 or go to an emergency room, urgent care or immediate care facility.

Risks of Using E-mail to Communicate With My Provider: Transmitting patient information by e-mail has a number of risks that I will consider before using e-mail to communicate with the provider. These include, but are not limited to, the following:

- E-mail can be circulated, forwarded and stored in numerous paper and electronic files.
- E-mail can be immediately broadcast worldwide and be received by unintended recipients.
- E-mail senders can easily type in the wrong e-mail address.
- E-mail is easier to falsify than handwritten or signed documents.
- Back-up copies of e-mail may exist even after the sender or recipient has deleted his or her copy.
- Employers and on-line services have a right to archive and inspect e-mails transmitted through their systems.
- E-mails can be intercepted, altered, forwarded or used without authorization or detection.
- E-mail can be used to introduce viruses into computer systems.
- E-mail can be used as evidence in court.

Security Measures Taken by IU Health Physicians: IU Health Physicians uses the following security measures among others to ensure the security of protected health information.

- Patient-identifiable information is never forwarded to a third party except for treatment, payment or healthcare operations purposes, without the patient's express permission.
- Patient's e-mail addresses are never used for marketing purposes without the patient's permission.
- Professional e-mail accounts are not shared with patient's family members.
- E-mails are backed-up and archived on a regular basis.
- E-mail recipient addresses are verified prior to sending the message with a confidential indicator attached for the recipient.

Hold Harmless: I agree to indemnify and hold harmless the provider, his or her medical practice, IU Health Physicians, and its trustees, officers, directors, associates, agents, information providers, suppliers, and website designers and maintainers from and against all losses, expenses, damages and costs, including reasonable attorney fees, relating to or arising from any information loss due to technical failure, my use of the Internet to communicate with the provider, the use of the provider's website, any arrangements I make based on information obtained at the site, any products or services obtained through the site, and any breach by me of these restrictions and conditions. The provider does not warrant that the functions contained in any materials provided will be uninterrupted or error-free, that defects will be corrected, or that the provider's website or server that makes such site available is free of viruses or other harmful components.

Forwarding E-mails: I understand there may be times in which the provider must forward the information I have provided via e-mail to a third party for treatment, billing or payment purposes. I expressly provide my consent to allow the provider to forward these e-mails to a third party under these conditions and evidence my consent by placing my initials here: _____ (*Initial if you agree.*)

Termination of the E-mail Relationship: I have the right to revoke this consent, in writing, at any time by presenting the written revocation to my healthcare provider. The provider shall have the right to immediately terminate the e-mail relationship with me if he or she determines, in his or her sole discretion, that I have violated the terms and conditions set forth in the Agreement or have engaged in conduct which the provider determines to be unacceptable.

Patient Acknowledgement and Agreement: I hereby consent to the use of e-mail as a means of communication between an IU Health Physicians provider and me. I have discussed this form with the provider, understand the inherent limitations related to electronic communications, understand the limits of e-mail transactions, hold harmless IU Health Physicians for loss of information due to technical failures and consent to these conditions and terms.

Patient Name (*printed*): _____ E-mail Address: _____

Patient/Legal Representative Signature: _____ Date: _____