Online Communication

Online communication is a form of communication using "secure" Web sites or email applications that apply appropriate encryption technology designed to protect the transmission of confidential information. Online communication is an additional option for communication along with telephone, mail, and in-person. It is not meant to replace other forms of communication with the doctor.

Patient's
Initials

_____ The details of online communication have been explained to me in terms I understand.

_____ Alternative methods of communication (i.e., telephone, in-person, mail) are still available to me.

_____ I understand that all medical communications carry some level of risk. While the likelihood of risks associated with the use of online communication in a secure environment is substantially reduced, the risk are nonetheless real and very important to understand. These risks include, but are not limited to:

- It is easier for online communication to be forwarded, intercepted, or even changed without my knowledge.
- Online communication is easier to falsify than handwritten or signed hard copies. Backup copies may exist on a computer or in cyberspace, even after both of us have deleted our copies.
- I will use a secure network. I will not use standard email or email systems provided by employers. I understand that employers have a right to inspect and keep online communications become part of my medical record.

_____ I agree to take precaution to keep online communication confidential, including but not limited to the following:

- I will keep my password confidential.
- I will not store messages on an employer-provided computer.
- I will not leave messages on my screen for others to read.
- I will review my messages before sending to make sure that they are clear and that all relevant information is included.
- I will update my contact information as soon as it changes.

_____ I understand that I am responsible for taking steps to protect myself from unauthorized use of online communication. The doctor is not responsible for breaches of confidentiality caused by an independent third party or me.

_____ I agree to follow the procedure that the doctor implements to allow him/her to verify my identity in connection with online communication. I acknowledge that failure to comply with these procedures may terminate our online communication.

_____ I understand that online communication cannot be used for emergencies or time sensitive matters.

_____ I understand that online communication cannot be used to communicate highly sensitive medical information, such as treatment for or information related to HIV/AIDS, sexually transmitted diseases, or addiction treatment (alcohol, drug dependence, etc.)

_____ I have informed the doctor of other treatments I do not want transmitted via online communications.

_____ I understand that it is my responsibility to determine if an unanswered online communication was received.

_____ I acknowledge that I have read and fully understand this consent form, including the risks associated with the online communication.

_____ The doctor has answered all of my questions.

Again, please note that online communication should never be used for emergency communications or urgent requests. These should occur via telephone or be using existing emergency communication tools.

I certify that I have read and understand this agreement and that all blanks were filled in prior to my signature.

For online communication between: _____ and staff and _____.
                                               (Doctor's name)   (Patient's name)

_____   _____

Patient or Legal Representative Signature/Date/Time   Relationship to Patient

_____   _____

    Print Patient or Legal Representative Name   Witness Signature/Date/Time

I certify that I have explained the nature of this agreement to the patient/legal representative. I have answered all questions fully, and I believe that the patient/legal representative (circle one) fully understands what I have explained.

_____

Physician Signature/Date/Time

_____ copy given to patient   _____ original placed in chart
  initial   initial