Patient Consent for Use of Email Communications

V.I.P. Pediatrics, P.A.
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To better serve our patients, this office has established an email address for some forms of communication. For routine matters that do not require immediate response, please feel free to contact us at info@vippediatrics.com. Please remember however, that this form of communication is not appropriate for use in an emergency. The turnaround time for routine patient communications is 24 hours. The service provider may delay message delivery. **Should you require urgent or immediate attention, this medium is not appropriate.**

When sending email, please put the subject of your message in the subject line so we can process it more efficiently. Also, be sure to put your name, patient name and return phone number in the body of your message. We also ask that you acknowledge receipt of emails coming from this office by using the auto reply feature.

Communications related to diagnosis and treatment will be filed in your medical record.

This office is dedicated to keeping your medical record information confidential. Despite our best efforts, due to the nature of email, third parties may have access to messages. When communication from work, you should be aware that some companies consider email corporate property and your message may be monitored. Even when emailing from home, you may feel that access to your email is not well controlled, so you should take that into consideration. In addition, you should be aware that although addressed to me, my staff and/or colleagues would have access to this information.

Our office does offer secure communication for medical questions, prescription refills, or appointment requests through our patient portal at www.vippediatrics.com. Note this is not for emergent questions and the turn-around time is 1 business day.

I understand that this office will not be responsible for information loss or delay or breached in confidentially that are due to technical factors beyond this office's control.
I understand and agree to the above email policy.
By signing below, you are agreeing that we may send medical related correspondence to you via email, and that we may respond to your emails to us via email.

_____	_____	_____
Patient Name	Parent/Guardian Signature	Date

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