Patient Name:_____

Patient Address:_____

Your Email:_____

Provider: (please circle)   Dr. Kung   Dr. Suzuki   Dr. Collins

Dr. Riley   Dr. Cohen   Dr. Lind

RISK OF USING EMAIL

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

a) Email can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.
b) Email senders can readily misaddress an email.
c) Backup copies of email may exist even after the sender or the recipient has deleted his or her copy.
d) Employers and on-line services have a right to inspect email transmitted through their systems.
e) Email can be intercepted, altered, forwarded, or used without authorization or detection.
f) Email can be used to introduce viruses into computer systems.
g) Email can be used as evidence in court.
h) Emails may not be secure and therefore it is possible that the confidentiality of such communications may be breeched by a third party.

CONDITIONS FOR THE USE OF EMAILS

Providers cannot guarantee, but will use, reasonable means to maintain security and confidentiality of email information sent and received. Providers are not liable for improper disclosure of confidential information that is not caused by Provider's intentional misconduct. Patients must acknowledge and consent to the following conditions:
a) Email is not appropriate for urgent or emergency situations. Provider cannot guarantee that a specific email will be read and responded to within any specific time.
b) Email must be concise. The patient should schedule an appointment if the issue is too complex or sensitive to discuss via email.
c) All email will usually be printed and scanned into the patient medical record.
d) Office staff may receive and read your messages.
e) Provider will not forward patient identifiable emails without the patient's prior written consent, except as authorized or required by law.
f) The patient should not use email for communications regarding sensitive medical information.
g) Provider is not liable for breach of confidentiality caused by the patient or any third party.
h) It is the patient's responsibility to follow up and/or schedule an appointment if warranted.

INSTRUCTIONS

To communicate by email the patient shall:

a) Avoid the use of his/her employer's computer.
b) Put the patient's name in the body of the email.
c) Key in the topic (e.g. medical questions, billing question) in the subject line.
d) Inform provider of changes in his/her email address.
e) Acknowledge any email received from the Provider.
f) Take precautions to preserve the confidentiality of the email.
g) Withdraw consent only by email or written communication to Provider.

Telehealth Consent

Cascade Women's Health PC may ask if you wish to conduct some of your visits through Telehealth consults. A Telehealth visit is a HIPAA-compliant electronic method (via phone or video conferencing), by which your provider will consult with you about your concerns and if appropriate, develop a treatment plan. Telehealth visits will help to minimize need to come to the office. Not all concerns can be addressed in this manner, however.

There are potential risks with the use of this technology that include, but are not limited to:

- interrupted visits due to poor phone or internet connection
- you might be required to make a clinic appointment if the information gathered through the telehealth visit is not sufficient to make an appropriate diagnosis.

PATIENT ACKNOWLEDGEMENT AND AGREEMENT

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communication of email and or telehealth between the Providers and me, and consent to the conditions and instructions outlined, as well as any other instructions that the Provider may impose to communicate with me by email or telehealth. If I have any questions, I may inquire with my treating physician.

Patient signature _____

Date _____