

House of Wellness, LLC

Consent and Authorization for Electronic Communication (E-mail and Text)



E-mail and text communication provides for a fast and easy way to communicate with your healthcare provider for those issues that are non-emergent, non-urgent or non-critical. It is not a replacement for the interpersonal contact that is the very basis of the patient-healthcare provider relationship; rather it can support and strengthen an already established relationship.

The following summarizes the information you need to determine whether you wish to supplement your healthcare experience at our practice by electronically communicating with staff members.

General Risks and Considerations

The transmission of patient information by email and/or texting has a number of risks which patients should consider prior to the use of email and/or texting. These risks and considerations include, but are not limited to the following:

- E-mail communication will be considered and treated with the same degree of privacy and confidentiality as written medical records.
- Standard e-mail services, such as Gmail, AOL, Yahoo, and Hotmail are not secure. This means that the e-mail messages are not encrypted and can be intercepted and read by unauthorized individuals.
- Email and text senders can easily misaddress an email or text and send the information to an unintended recipient.
- Backup copies of emails and texts may exist even after the sender and/or recipient has deleted his or her copy.
- Emails and texts can be intercepted, altered, forwarded or used without authorization or detection.
- Email and texts can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.
- Emails and texts can be used as evidence in court.
- Transmitting e-mail that contains protected health information through an e-mail system that is not encrypted does not meet the security guidelines as required by the Health Information Protection and Accountability Act (HIPAA).
- Your E-mail address will not be used for external marketing purposes without your permission. You may receive a group mailing from the practice, however, the recipients e-mail addresses will be hidden.

Provider Responsibilities

- Your provider may route your e-mail messages to other members of the staff for informational purposes or for expediting a response.
- Designated staff may receive and read your e-mail.
- The provider will make every attempt to respond to your email message within 1 business days. If you do not receive a response from the provider within 3 business days, please contact the office.

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- Copies of e-mails sent and received from and to you will be incorporated into your medical record. You are advised to retain all electronic correspondence for your own files.

Patient Responsibilities

- E-mail and text messages should not be used for emergencies or time sensitive situations. In event of a medical emergency, you should contact 911. For emergent or time sensitive situations, you should contact your healthcare provider through the office.
- E-mail and text messages should be concise. Please arrange for an office appointment if the issue is too complex or sensitive to discuss via e-mail.
- Please provide your full name and the topic, i.e., medication question, in the subject line. This will serve to identify you as the sender of the e-mail.
- Email and texting should not be used to discuss complex and/or sensitive situations.
- Please acknowledge that you received and read the provider's message by return e-mail to the provider

Acknowledgements

I have read and understood the above description of the risks and responsibilities associated with electronic communication with my healthcare provider.

I acknowledge that commonly used e-mail and cell phone services are not secure and fall outside of the security requirements set forth by the Health Insurance Portability and Accountability Act for the transmission of protected health information.

I have been given the opportunity to discuss electronic communication with my healthcare provider and have had all my questions answered.

In consideration of my desire to use electronic communication as supplement to in-person office visits with my provider, I hereby consent to electronic communication via non-secure e-mail services and text messages.

I understand that I may revoke my consent to communicate electronically at any time by notifying House of Wellness, LLC in writing, but if I do, the revocation will not have any effect on actions my healthcare provider has already taken in reliance on my consent.

I agree to release my provider and the practice from any and all liability that may occur due to electronic communication over a non-secure network.

I understand that my provider is not liable for breaches of confidentiality caused by the patient or any third-party.

I further agree to be held accountable for the patient responsibilities as outlined above.

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I understand and consent that the types of emails/texts messages and frequency of emails/texts messages I may receive from my provider includes, but is not limited to: (1) appointment reminders; (2) cancellation notices; (3) general notifications regarding services offered by provider; (4) responses to my emails and/or text/sms messages.

Furthermore, I am aware that standard text message and data rates may apply. If I wish to “opt out” of receiving text messages and/or emails from my provider, I agree to provide notification, in writing, directly to my provider or other staff members.

By signing below, I consent to communicate as necessary with my provider via:

_____ Text/SMS messages at the number listed below:

_____ Email listed below:

Authorized Text/SMS Mobile Device Number: _____

Authorized Email Address: _____

Printed Name of Client

Date

Signature of Client

Date