## **Electronic Communication Policy**

**Access:** Our practice communicates electronically with patients through these channels: Phone and voicemail, Website/Patient Portal, Text Messaging (SMS) number

**Uses:** Our practice accepts electronic messages for these purposes:

**General messages** like making or changing appointments, billing issues, or other questions that can be answered by an appropriate staff person.

**Appointment cancellation.** Please note that we need at least 2 business days' notice to cancel appointments.

Prescription renewals (existing prescriptions). Response time is typically 3 business days.

Emergencies: DO NOT USE ELECTRONIC COMMUNICATIONS FOR EMERGENCIES. CALL 911!

Part of the record: Messages with important content will be saved as part of your medical record.

Security: Take care when sending or reading messages that your own device is secure and private.

**Availability:** If you ask us to communicate electronically with you, we will assume that you check your messages at reasonable intervals. We can't guarantee that we will respond to your messages and we understand you can't guarantee that you will respond to ours. For important issues, telephone is best!

**Sensitive medical information:** Because electronic messages can't be guaranteed 100% secure, please don't put sensitive matters in messages without considering this. You have the right to ask us to use either *encrypted* or *unencrypted* email for your correspondence with us. However, unencrypted email has a higher risk of being intercepted and your private information obtained by an unauthorized party. Outgoing messages from our practice that contain sensitive information will be encrypted unless you specifically ask us not to.

**Opt-Out:** We may use electronic messaging to inform you about things related to our practice that we believe would interest you. If you don't want to receive electronic messages from us, just let us know.

Changes: If your email address or phone number changes, you need to let us know.

**Non-essential uses:** We will only use your email address or phone number for important communications related to our practice. We will not give your email address or phone number to anyone who is not authorized.

**Mistakes:** Mistakes happen. If you believe you have received or sent a message by mistake, or one that contains errors, please let us know. Delete any messages that are not intended for you.

**Breach Notification:** Please notify us immediately if you become aware of a possible privacy or security event that affects your devices.

**Other risks:** In addition to those above, electronic communication can have other risks and disadvantages that might cause inconvenience or harm. Everyone using electronic communications needs to use good judgment about these valuable technologies and must remember that there are alternatives that would be better for some situations.

**Social Media:** Please do not use social media or associated messaging platforms to contact staff members.

## **Acknowledgment and Agreement**

I acknowledge that I have read this form. I understand that electronic (online) communication has risks, including possible risks not mentioned above as well as others. I agree to abide by the policies described above. I agree to use reasonable judgment with regard to any messages I send or receive. I do not have any unanswered questions about what this Agreement covers. I understand that I can change my choices at any time.

Patient (or legal representative) name:	
Signature:	Date:
Email address to be used:	
$\hfill \square$ I confirm that I control the privacy of thi	s email address
$\ \square$ I request standard/unencrypted email for recommended).	or all correspondence, including health related information (no
OR:	
☐ I request encrypted email for correspond	dence containing health-related information