Patient Email Consent Form

Patient Name: _____ Date of Birth: _____

Email Address: _____

John Powers, DMD cannot guarantee, but will use reasonable means to maintain the security and confidentiality of email sent and received. We take appropriate precautions when transmitting email to avoid unintentional disclosures, such as verifying your e-mail address for accuracy before sending.

The Practice is not liable, however, for improper disclosure of confidential information that is not caused by our intentional misconduct. It is important for you to be aware of the inherent risks of sending and receiving confidential information by email before giving your consent.

The Risks of Using Email

Transmitting patient information by email can be risky. Please consider the following possibilities before agreeing to communicate with us this way. Email messages can be intercepted, circulated, altered, forwarded, stored or used without authorization or detection, and in addition be:

Misaddressed	Read by employers and online service providers
Easily falsified	Retained even after deletion
Used as evidence in court	Used to introduce viruses

Still Want To Use Email?

If you want to use email to communicate with us we have some final instructions.

- We cannot guarantee your emails will be read promptly, so please do not use email for urgent matters.
- Be sure to follow-up with us by phone if you are expecting a return response from us and do not receive one within 2 business days.
- Please notify us promptly if your email address has changed.
- Be aware that most emails from patients become a part of their health record.
- Do not use email to share sensitive medical information, such as communications about AIDS/HIV or mental health conditions, sexually transmitted diseases or substance abuse.

I understand the risks associated with communicating by email between this Practice and me, and give my consent. If I have any questions, I will contact the Practice Privacy Officer.

Patient Signature: _____ *Print Name:* _____

Date: _____

Distribution of Copies: Original to Patient's Health Care Record, Copy to Patient.