

Patient Electronic Communications

Patient Name _____ Date of Birth ___/___/___

Email address _____

I, _____, may want to communicate from time to time with Dr. Ronel and/or his employees via email. If I do so, I authorize Daniel N. Ronel, MD and his employees to communicate with me (and other authorized healthcare providers involved in my care) about any aspect of my health and medical care by email. My signature below denotes that I have read the following points, and accept the risk of loss of privacy of confidential medical information.

What are the risks of sending email?

- It can be sent to the wrong destination or to the wrong person.
- Email sent from employer-owned systems can be read by employers or co-workers.
- Shared family email accounts can jeopardize privacy.
- Email can easily be misunderstood without voice and/or facial expressions.

What should I do if I change my email address?

Please notify us as soon as possible to maintain open lines of communications and ensure ongoing care.

When is it okay to use email?

Email should only be used for non-urgent issues.

When should I call instead of using email?

Do not use email for serious, urgent or time-critical medical problems, such as chest pain, difficulty breathing, or bleeding. Do not use email when discussing sensitive information such as sexually transmitted diseases, mental health problems, drug treatment, or alcohol-related disorders.

How should I format an email?

Please type "Confidential" and the reason for the communication in the Subject line. For example "Confidential - Refill request" or "Confidential – Medical advice." State the message simply and include your full name, date of birth, and any changes in your telephone number.

I agree that Dr. Ronel shall not be liable for any type of damage or liability arising from or associated with the loss of confidentiality due to email communication. I understand that there is no guarantee that the use of this means of communication will be free from technological difficulties including, but not limited to, loss of messages.

This authorization for communication by means of email is valid until I notify you in writing that I no longer authorize the use of email to communicate information concerning my healthcare. I understand that information communicated by email will be incorporated and retained in my medical record.

Dr. Ronel retains the right to terminate email as a form of communication if it becomes unduly burdensome or is used inappropriately.

I have no further questions about email communication.

Signature of patient/guardian _____

Relationship to patient _____ Date _____