

Patient Permission for E-Mail Communication

REQUEST FOR E-MAIL USE

I request that: _____

Physician Practice Name

communicate by e-mail with me as needed for my/the patient's medical care. I have read, understand and agree to the terms for using e-mail to communicate health information. I understand that:

1. By law, Novant Health ("Novant") can't use or share my health information without my permission except by ways listed in Novant's Notice of Privacy Practices.
2. Novant can't promise security and confidentiality when e-mailing. Novant is not responsible if e-mails are incorrectly shared and someone other than Novant is at fault.
3. I can cancel this e-mail consent at any time. I must cancel in writing and address it to the person or organization named above. I can't cancel information already shared.
4. I don't have to sign this form. My refusal won't change this permission with respect to my ability to get treatment, payment for treatment or benefits. I understand that I will not be able to communicate by e-mail with my doctor's office if I do not sign.
5. Once information is sent to me by e-mail, it may not be protected by law and someone may be able to share my information with others without my permission.
6. This request expires at the request of the patient or legal representative.

RISK OF USING E-MAIL

- Once you send an e-mail, it may be intercepted, read and/or forwarded by someone without your permission.
- E-mail should **not** be used for emergencies or issues that must be handled quickly.
- Information that is particularly sensitive to you should not be sent by e-mail. Examples may include: HIV, mental health, drug abuse, sexually transmitted diseases or pregnancy test results.
- Employers can usually look at e-mails sent or received at work. Check your employer's policy before sending e-mails about your health.
- E-mail may not be delivered.

CONDITIONS REGARDING THE USE OF E-MAIL

- Staff other than doctors or nurses may process and read e-mails sent to doctors' offices.
- Our doctors' offices save all e-mails sent and received. These e-mails become a part of your medical record.
- It is up to you to call your doctor's office if your e-mail is not answered.
- If additional follow-up is needed, you must call and/or schedule an office visit.
- You must tell us why you are e-mailing in the subject line of the message. Examples include: medication refill, need an appointment or need a referral. **If you do not, your message will be deleted without being read.**
- The message must include the patient's name, telephone number and date of birth.
- Novant and our doctors' offices are not responsible for lost or misdirected e-mails.
- You are in control of e-mails sent to you by your doctor's office. Novant is not responsible if you let someone else see your e-mails.
- Our doctors' offices can change the terms of, or stop e-mailing at any time. You will be told if this happens.
- If you do not receive a response to an e-mail, you are responsible for calling your doctor's office to follow-up.

Patient Name _____ Patient/Representative Signature _____ Date _____

Legal authority to sign for patient Guardian Attorney-in-fact Executor/Administrator Parent Next of kin
 Healthcare agent Other: _____

Patient is Minor Disabled Deceased Incompetent Incapacitated Patient Date of Birth: _____

E-mail address _____ Healthcare provider _____

If limited English proficient or hearing impaired, offer interpreter at no additional cost:

Interpreter Accepted _____ Interpreter Refused

(Name/Number of Person/Services Chosen/Used)



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