



### Charis Clinic AGREEMENT FOR EMAIL CORRESPONDENCE

Patient First and Last Name	Date of Birth	Phone Number
Address		Email Address

Certain patients may decide to use email to facilitate communication. Providers at Charis Clinic may communicate via email, but this agreement does not obligate Charis Clinic to communicate in this way. In general, phone communication and scheduled appointments are ideal.

#### Risks of using email

I want to use email to communicate to Charis Clinic Providers and staff about my/the patient's personal health care. I understand that Charis Clinic Providers and staff will use reasonable means to protect the security and confidentiality of email information sent and received. I understand that there are known and unknown risks that may affect the privacy of my personal health care information when using email to communicate. I acknowledge that those risks include, but are not limited, to:

- Email can be forwarded, printed, and stored in numerous paper and electronic forms and be received by many intended and unintended recipients without my knowledge or agreement.
- Email may be sent to the wrong address by any sender or receiver.
- Email is easier to forge than handwritten or signed papers.
- Copies of email may exist even after the sender or the receiver has deleted his or her copy.
- Email service providers have a right to archive and inspect emails sent through their systems.
- Email can be intercepted, altered, forwarded, or used without detection or authorization.
- Email can spread computer viruses.
- Email delivery is not guaranteed.
- Email volumes may be so great that an email may be missed, or due to schedules may not be seen for many days.

#### Conditions for the use of email

I agree that I must not use email for medical emergencies, urgent situations, or to send time sensitive information to my/the patient's Providers.

I understand and agree that it is my responsibility to follow up with Charis Clinic or staff, if I have not received a response to my email within a reasonable time period.

I agree that the content of my email messages should state my question or concern concisely and clearly and include (1) the subject of the message in the subject line, and (2) clear patient identification including patient name, telephone number.

I agree that I will schedule an appointment if the issue is complex or sensitive.

I agree that email communications may be filed in the patient's permanent medical record.

I agree that messages sent may be delegated to another provider or staff member for response. Office staff may read or respond to emailed messages.

I agree that recommended uses of patient to provider email should be limited to appointment requests, prescription refill requests, requests for facility information, non-urgent health care questions, and updates to information or exchange of non-critical information such as immunizations, etc.

I agree it is my responsibility to inform Charis Clinic of any changes to my email address. I agree that, if I want to withdraw my consent to use email communications about my/the patient's healthcare, it is my responsibility to inform my/the patient's Provider and Charis Clinic's staff member only by written communication.

**Understanding the use of email**

I acknowledge that I have read and fully understand this consent form. I give permission to Charis Clinic Providers and staff to send me email messages that include my/the patient's personal health care information and understand that my email messages may be included in my/the patient's medical record. I have read and understand the risks of using email as stated above and agree that email messages may include protected health information about me/the patient, whenever necessary.

PRINT NAME (Patient or Parent/Guardian Authorized to give authorization)	SIGNATURE	DATE
If signed by person other than patient, print name, provide reason, relationship to patient, and description of their authority		