



## **Communicating Via Email- Informed Consent Form**

Administrative staff/clinicians will use reasonable means to protect the security and confidentiality of email information sent and received. However, because of the risk identified below, Lilyfield Psychiatry of Atlanta, PC cannot guarantee the security of email communication, and is not liable for improper disclosure of confidential information that is not caused by the administrative staff's/ clinician's intentional misuse.

### **RISK OF USING EMAIL TO COMMUNICATE WITH YOUR CLINICIAN**

Transmitting patient information via email has a number of risks that patients should consider before using email to communicate with our office. These include, but are not limited to the following:

- 1) Email can be circulated, forwarded and kept in numerous paper and electronic files.
- 2) The email sender can easily type the wrong email address.
- 3) Email is easier to falsify than handwritten and/or signed documents.
- 4) Backup copies may still exist even after the email has been deleted.
- 5) Emails can be intercepted, altered, forwarded or used by unintended recipients without authorization or detection.
- 6) Emails can be used as evidence in court.

### **CONDITIONS FOR THE USE OF EMAIL**

Patients/Parents/Legal Guardians must acknowledge and consent to the following conditions:

- 1) Email is not appropriate for urgent or emergency situations. Your clinician cannot guarantee that emails will be read and responded to within any particular period of time or outside of normal business hours. These matters should be discussed directly with your clinician.
- 2) Emails should be concise. An appointment should be made to discuss more complex and/or sensitive information
- 3) Patients should not use email to communicate sensitive medical information or for time sensitive matters. These matters should be discussed directly with administrative staff or your clinician.
- 4) Our office is not liable for breaches in confidentiality caused by the patient or any third party.

### **ALTERNATE FORMS OF COMMUNICATION**

I understand that I can communicate with my clinician via phone or during a scheduled appointment. Email is not a substitute for the care that may be provided during an office visit. Appointments should be made to discuss any new issues as well as any sensitive information.

### **PATIENT ACKNOWLEDGEMENT AND AGREEMENT**

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with communicating via email, and consent to the above conditions. Any questions I have asked have been answered to my satisfaction.

**Print Name of Patient:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Print Name of Legal Guardian:** \_\_\_\_\_

**Signature of Patient/Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_