



## CONSENT AND PERMISSION TO COMMUNICATE BY EMAIL

Email can provide an efficient method of communication between patients and physicians. Patients wishing to utilize email as part of the doctor patient relationship are asked to review and sign this form. Email is not required and its use is entirely optional on the part of the patient. Please also be advised that the physicians reserve the right not to communicate by email if patients do not abide by the rules below.

- I understand the concept of e-mail and how to access it.
- The nature and potential risks of e-mail use have been reviewed.
- I understand that in lieu of e-mail I may call for an appointment with the doctor.
- I understand that by signing this form, I have the option of using e-mail to communicate with the doctor and his office.
- I understand that I must be compliant with the following rules regarding e-mail use:
  1. E-mail messages will be read during business hours.
  2. Emergent or urgent issues should be addressed by calling the office directly and not with e-mail.
  3. All e-mails will become part of the medical record.
  4. The office will maintain patient confidentiality within internal office network systems, but we cannot guarantee the security of external electronic systems, nor the HIPAA compliance of facilities outside our office and control
- I am aware that there are no guarantees with e-mail.
- I agree to hold harmless Montgomery Colorectal Surgery and its employees for any unauthorized use or access to protected health information due to or as a result of email interaction.
- E-mail is not a substitute for a regular office visit as there is no direct interaction between the patient and the staff nor is there a physical examination.

All of my questions have been answered, and I am satisfied with the answers.  
I certify that I have read and understand this agreement.

\_\_\_\_\_  
Patient or legal representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship (if not signed by the patient)

I certify that I have explained the nature and spirit of this agreement to the patient or the patient's legal representative. I have answered all questions fully, and believe that the patient or representative fully understands this explanation.

\_\_\_\_\_  
Physician / Assistant Date