

# John F. Powers, DMD

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## PATIENT CONSENT FOR USE OF ELECTRONIC MAIL

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Patient name: \_\_\_\_\_  
Patient  
address: \_\_\_\_\_  
Medical  
Record  
Number: \_\_\_\_\_  
Patient e-mail  
address: \_\_\_\_\_

### 1. RISK OF USING E-MAIL

John F. Powers, DMD offers patients the opportunity to communicate with clinicians by e-mail. Transmitting patient information by e-mail, however, has a number of risks that patients should consider before giving consent. These risks include, but are not limited to:

- a. E-mail can be circulated, forwarded, and stored in numerous paper and electronic files.
- b. E-mail can be immediately broadcast worldwide and be received by both intended and unintended recipients.
- c. E-mail senders can misaddress e-mail.
- d. E-mail can be more easily falsified than handwritten or signed documents.
- e. Backup copies of e-mail may exist even after the sender or the recipient has deleted his or her copy.
- f. Employers and on-line services have a right to archive and inspect e-mails transmitted through their systems.
- g. E-mail can be intercepted, altered, forwarded, or used without authorization or detection.
- h. E-mail can be used to introduce viruses into computer systems.
- i. E-mail can be used as evidence in court.

### 2. CONDITIONS FOR THE USE OF E-MAIL

John F. Powers, DMD will use reasonable means to protect the security and confidentiality of e-mail information sent and received. However, because of the risks outlined above, John F. Powers, DMD cannot guarantee the security and confidentiality of e-mail communication, and will not be liable for improper disclosure of confidential information that is not caused by Provider's intentional misconduct. Thus, patients must consent to the use of e-mail for patient information. Consent to the use of e-mail includes agreement with the following conditions:

- a. All e-mails to or from the patient concerning diagnosis or treatment will be printed out and made part of the patient's medical record. Because they are a part of the medical record, other individuals authorized to access the medical record, such as staff and billing personnel will have access to those e-mails.
- b. John F. Powers, DMD may forward e-mails internally to John F. Powers, DMD's staff and agents as necessary for diagnosis, treatment, reimbursement, and other handling. John F. Powers, DMD will not, however, forward e-mails to independent third parties without the patient's prior written consent, except as authorized or required by law.

## **John F. Powers, DMD**

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- c. Although John F. Powers, DMD will endeavor to read and respond promptly to e-mail from the patient, John F. Powers, DMD cannot guarantee that any particular e-mail will be read and responded to within any particular period of time. Thus, the patient shall not use e-mail for medical emergencies or other time-sensitive matters.
- d. If the patient's e-mail requires or invites a response from John F. Powers, DMD and the patient has not received a response within a reasonable time period, it is the patient's responsibility to follow up to determine whether the intended recipient received the e-mail and when the recipient will respond.
- e. The patient should not use e-mail for communication regarding sensitive medical information, such as information regarding sexually transmitted diseases, AIDS/HIV, mental health, sexually transmitted diseases, issues of abuse, developmental disability, or substance abuse.
- f. The patient is responsible for informing John F. Powers, DMD of any types of information the patient does not want to be sent by e-mail, in addition to those set out in (e) above.
- g. The patient is responsible for protecting his/her password or other means of access to e-mail. John F. Powers, DMD is not liable for breaches of confidentiality caused by the patient or any third party.
- h. John F. Powers, DMD shall not engage in e-mail communication that is unlawful, such as unlawfully practicing medicine across state lines.
- i. It is the patient's responsibility to follow up and/or schedule an appointment if warranted.

### **3. INSTRUCTIONS**

To communicate by e-mail, the patient shall:

- a. Limit or avoid use of his/her employer's computer.
- b. Inform John F. Powers, DMD of changes in his/her e-mail address.
- c. Put his/her name in the body of the e-mail.
- d. Include the category of the communication in the e-mail's subject line, for routing purposes (e.g., billing question).
- e. Review the e-mail to make sure it is clear and that all relevant information is provided before sending to Provider.
- f. Inform John F. Powers, DMD that the patient received e-mail from John F. Powers, DMD.
- g. Take precautions to preserve the confidentiality of e-mails, such as using screen savers and safeguarding his/her computer password.
- h. Withdraw consent only by e-mail or written communication to Provider.

**PATIENT ACKNOWLEDGMENT AND AGREEMENT**

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communication of e-mail between Provider and me, and consent to the conditions outlined herein. In addition, I agree to the instructions outlined herein, as well as any other instructions that Provider may impose to communicate with patients by e-mail. Any questions I may have had were answered.

Patient Signature \_\_\_\_\_

Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_