

ONLINE COMMUNICATION

Online communication is a form of communication using “secure” websites or email applications that apply appropriate encryption technology designed to protect the transmission of confidential information. Online communication is an additional option for communication, along with telephone, mail, and in-person contact. It is not meant to replace other forms of communication with the healthcare provider.

Patient's
Initials

- _____ The details of online communication have been explained to me in terms I understand.
- _____ I understand that alternative methods of communication (i.e., telephone, mail, in-person) are still available to me.
- _____ I understand that online communications become part of my medical record.
- _____ I understand that all online personal health communications carry some level of risk. While the likelihood of risks associated with the use of online communication in a secure environment is substantially reduced, the risks are nonetheless real and very important to understand. These risks include but are not limited to the following:
- *It is easier for online communication to be forwarded, intercepted, copied, or even changed without my knowledge.*
 - *Online communication is easier to falsify than handwritten or signed hard copies.*
 - *Backup copies may exist on a computer or in cyberspace, even after we have both deleted our copies.*
- _____ I understand that if I am using unsecured/unencrypted online communication, including text messages, the risks listed above are increased and I agree to communicate using an unsecured platform.
- _____ I agree to take precautions to keep online communication confidential, including but not limited to the following:
- *I will keep my password confidential.*
 - *I will not use email systems provided by employers, and I will not store messages on an employer-provided computer. I understand that employers have a right to inspect and keep any online communications transmitted through their systems.*
 - *I will not leave messages on my screen for others to read.*
 - *I will review my messages before sending them to make sure that they are being sent to the correct person/email address/telephone number.*
 - *I will update my contact information as soon as it changes.*
- _____ I understand that I am responsible for taking steps to protect myself from unauthorized use of online communication. The doctor is not responsible for breaches of confidentiality caused by an independent third party or me.
- _____ I agree to follow the procedures that the doctor implements to allow verification of my identity in connection with online communication. I acknowledge that failure to comply with these procedures may terminate our online communication.
- _____ I understand that online communication cannot be used for emergencies or time-sensitive matters.
- _____ I understand that online communication cannot be used to communicate highly sensitive medical information, such as treatment for or information related to HIV/AIDS, sexually transmitted diseases, or addiction treatment (alcohol, drug dependence, etc.).

- _____ I have informed the doctor of other treatments I do not want transmitted via online communications.
- _____ I understand that it is my responsibility to determine if an unanswered online communication was received.
- _____ I acknowledge that I have read and fully understand this consent form, including the risks associated with online communications.
- _____ The healthcare provider has answered all of my questions.

Again, please note that online communication should *never* be used for emergency communications or urgent requests. In the event of an emergency or urgent request, use the telephone or existing emergency communication services.

I certify that I have read and understand this agreement and that all blanks were filled in prior to my signature.

For online communication between _____ and staff
(Name of healthcare provider)
and _____
(Patient name)

SIGNATURE

Patient or Legal Representative Signature/Date/Time

Print Patient's or Legal Representative's Name

Legal Representative's Relationship to Patient

Witness Signature/Date/Time

Print Witness's Name

I certify that I have explained the nature of this agreement to the patient/patient's legal representative. I have answered all questions fully, and I believe that the patient/legal representative (circle one) fully understands what I have explained.

Healthcare Provider Signature/Date/Time