**Consent Form for Email Communication**

**Purpose:**

This form is to obtain your consent to use email as a method of communication between you and our office. Email may be used to share information related to appointments, billing, and limited medical information. By signing this form, you acknowledge the potential risks involved and agree to the terms of communication via Gmail.

**Use of Email for Communication**

Email communication between you and the office may include, but is not limited to, the following purposes:

* Appointment scheduling and reminders
* General administrative information
* Billing and insurance inquiries
* Prescription refill requests and non-urgent medical instructions
* Responses to **limited** medical inquiries (e.g., follow-up on treatment plans or test results)

**Potential Risks of Email Communication**

1. **Confidentiality and Security Risks**
   * **Email is not a secure medium.** There is a risk that unauthorized third parties could access, read, or intercept email communications containing personal health information (PHI).
   * Email communication could be mistakenly sent to the wrong recipient or unintentionally exposed through hacking, phishing, or malware attacks.
   * Emails stored on personal or work devices (computers, phones, tablets) are vulnerable to unauthorized access, especially if they are not password protected.
2. **Privacy Risks**
   * Email messages containing medical information may be viewed by individuals with access to your email account (e.g., family members, employers, or other third parties).
   * Your email provider may have access to the content of emails and may store or archive your communications.
3. **Delayed Response Time**
   * Email is not intended for urgent or time-sensitive communications. There may be delays in response to emails sent to or from the office, particularly after office hours or on weekends.
   * For emergencies, patients are advised to call the office directly or seek immediate medical attention.
4. **Limited Use of Email for Medical Information**
   * Email communication should not be used for discussing sensitive health issues or receiving comprehensive medical advice.
   * Complex medical issues or detailed medical history discussions should occur in person or through secure communication platforms (e.g., patient portals).

**Patient Responsibilities**

* You are responsible for providing an accurate email address and updating the office with any changes to your email address.
* You are responsible for protecting your email account with appropriate security measures, such as strong passwords and enabling two-factor authentication where available.
* You agree not to use email for urgent medical matters and understand that email should not be relied upon for time-sensitive health concerns.

**Opting Out and Changing Communication Preferences**

* You may choose to stop email communications at any time by informing the office in writing.
* If you prefer not to use email for communication, alternative methods such as phone or secure messaging through a patient portal will be used.

**Consent for Email Communication**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (patient name) have read and understand the risks associated with the use of email to communicate with the office. I understand that email is not a secure or private means of communication, and I accept the risks involved. I give my consent to use email as a form of communication with the office, knowing that I can opt-out at any time.

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_