

E-Mail and Texting Usage Consent

Dr. Davies will use reasonable means to protect the security and confidentiality of email information sent and received. However, because of the risks identified below, Dr. Davies cannot guarantee the security of email communication.

RISKS OF USING E-MAIL TO COMMUNICATE WITH DR. DAVIES

Transmitting patient information by e-mail has a number of risks that patients should consider before using e-mail to communicate. These include, but are not limited to, the following risks:

- E-mail can be circulated, forwarded and stored in numerous paper and electronic files.
- E-mail can be received by unintended recipients and broadcast by them.
- E-mail senders can easily type in the wrong email address.
- E-mail is easier to falsify than handwritten or signed documents.
- Backup copies of e-mail may exist even after the sender or the recipient has deleted his or her copy.
- Employers and on-line services have a right to archive and inspect e-mails transmitted through their systems.
- E-mail can be intercepted, altered, forwarded, or used without authorization or detection.
- E-Mail can be used to introduce viruses into computer systems.
- E-mail can be used as evidence in court.

PATIENT OBLIGATIONS WHEN CONSENTING TO E-MAIL

- Use e-mail for general patient information only. Do not use e-mail for emergencies or other sensitive matters.
- Take precautions to preserve the confidentiality of e-mail. Use screen savers and safeguard your computer password.
- Inform Dr. Davies of any changes to your e-mail address.
- Do not use email to discuss detailed personal information, ask advice or other information which is appropriate for in-person discussion.

ALTERNATE FORMS OF COMMUNICATION

I understand that I may also communicate with Dr. Davies via telephone 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 sensitive information.

TYPES OF E-MAIL TRANSMISSIONS THAT PATIENT AGREES TO SEND AND/OR RECEIVE

The types of information that may be communicated via e-mail with Dr. Davies includes: appointment scheduling requests, billing and insurance questions and patient education. Dr. Davies will not discuss clinical and therapeutic issues via email.

APPOINTMENT REMINDERS

Appointment reminders may be provided by voice, email or text. Dr. Davies uses a HIPAA compliant reminder service which delivers appointment reminders 24 hours before the time of your appointment.

Do you consent to receiving text reminders for appointments? YES NO

If yes, please indicate whether you prefer: VOICE EMAIL TEXT

Please list preferred email or phone number: _____

HOLD HARMLESS

I agree to indemnify and hold harmless Dr. Davies from and against all losses, expenses, damages and costs, including reasonable attorney's fees, relating to or arising from any information loss due to technical failure, my use of the internet to communicate with Dr. Davies or the use of Dr. Davies' website, any arrangements I make based on information obtained by the Site, any products or services obtained through the Site, and any breach by me of these restrictions and conditions. Dr. Davies does not warrant that the functions contained in any materials provided will be interrupted or error-free, that defects will be corrected, or that Dr. Davies' website or server that makes such site available is free of viruses or other harmful components.

TERMINATION OF THE E-MAIL RELATIONSHIP

Dr. Davies shall have the right to immediately terminate the e-mail relationship with me if she determines, in her sole discretion, that I have violated the terms and conditions set forth above or otherwise breached this agreement, or have engage in conduct which Dr. Davies determines, in her sole discretion to be unacceptable. The e-mail relationship between Dr. Davies and the patient will terminate in the event that Dr. Davies, in her sole discretion, no longer wishes to utilize the e-mail to communicate.

EMAIL USE WITH AUTHORIZED THIRD PARTIES

I understand that there may be times in which Dr. Davies must share information with a third party (i.e insurance company, my physician, my attorney, etc.). After I sign an authorization for the release of such information, I authorize Dr. Davies to forward such information via email. I express my consent for Dr. Davies to use email to communicate with third parties under this condition and evidenced by my initials: _____ (please initial if consent is given)

PATIENT ACKNOWLEDGEMENT AND AGREEMENT

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

Patient/Guardian Signature

Date

Printed Name

Dr. Davies' Signature

Date

Patient E-Mail Address: