



ELECTRONIC COMMUNICATIONS

Electronic forms of communication such as text messaging or e-mails are a popular and convenient way for people to conduct business and interact. Although some electronic communication mediums are considered secure, a number of methods commonly used lack the privacy and security of traditional communication such as mail, telephone, or in person. Electronic communication is not meant to completely replace traditional forms of communication, but it may be a benefit if both the patient and provider agree to its use. It is important that you understand the considerations and agree to the following before signing an authorization to use or disclose Protected Health Information (PHI) via electronic communications. If you have any questions, please speak to a staff member for clarification before signing this agreement.

USE IS OPTIONAL

Electronic communication will never be required. If you are unable to, or don't want to communicate electronically, you will still be able to communicate via traditional means such as mail, telephone, or in person.

RISKS / CONSIDERATIONS OF E-MAIL

All medical communications carry some level of risk. While the risk associated with electronic communication can be reduced by taking appropriate precautions, you should take the time to assess and understand any potential concerns. These risks include, but are not limited to:

- There is always a risk that information in your email may be read or accessed by someone not authorized to see it.
- E-mail senders can easily misaddress an e-mail.
- When we send you an email, or you send us an email, the information that is sent is not encrypted. Although unlikely, this means a third party may be able to intercept the information and read it while it is transmitted over the Internet.
- E-mail information may be kept on computers even after the sender or the recipient believes their copy has been deleted.
- Staff other than your provider may read and process e-mail. Your e-mail may be forwarded internally to other staff or agents of the practice as necessary for diagnosis, treatment, billing, and other operations.
- Clinically relevant messages and responses may be documented in your medical record. Because they are then a part of the medical record, other individuals who are authorized to view that record will also have access to those e-mails.
- Employers generally have the right to access any e-mail received or sent through their systems by a person at work, and some employers archive e-mail messages indefinitely.

- E-mail communication should never be used for emergencies or time sensitive issues.
- Highly sensitive or personal information should not be communicated by e-mail (i.e., mental health, substance abuse, or genetic issues, etc.).

If any of this is of concern to you, you should not communicate with your provider through email.

SOME WAYS WE MITIGATE RISK

- All PHI stored on our computers is encrypted.
- We will use the minimum necessary amount of Protected Health Information in any communication.
- We have internal policies that limit the types of sensitive information that we communicate via unencrypted methods.

E-MAIL POLICIES

- E-mail communication should be used for reminders, to address administrative issues, relay follow-up information, and answer questions following a face to face evaluation and consultation. Initial evaluation and diagnosis, and topics of a sensitive nature should not be communicated through email.
- E-mail will be checked on a regular basis, but should not be used for urgent matters. If we do not respond to your e-mail after two business days, please contact our office.
- It is your responsibility to contact us if you have changed your e-mail address. Without this notification we may not be able to respond to your communication.
- We cannot engage in e-mail communication that is unlawful in any jurisdiction, such as practicing medicine across state lines.

TEXT MESSAGE APPOINTMENT REMINDERS

- Patients in our practice can be sent an appointment reminder via text messaging.
- If you choose to do this, please keep in mind that text messaging may not be a secure way of relaying information, and there is no way to guarantee that a third party will not read the message once stored on your phone.
- Northwest Metabolic Medicine does not charge for this service, but standard text messaging rates from your wireless carrier may apply, as specified by your wireless plan.
- It is your responsibility to contact us if you have changed your mobile phone number or wireless carrier.

Northwest Metabolic Medicine, LLC or its approved designees will use reasonable means to protect the security and confidentiality of e-mail and text messaging information sent and received. However, because of the risks outlined above, the staff or their approved designees cannot guarantee the security and confidentiality of electronic communication, and will not be liable for improper use and/or disclosure of confidential information (including Protected Health Information that is the subject of the federal Health Insurance Portability and Accountability Act).

I have been informed of and understand the risks and procedures involved with using e-mail and text messaging. I understand that the confidentiality of my individually identifiable health information may be compromised when it is sent through electronic transmission. I agree to the terms listed above and I hereby voluntarily request the use of electronic means as one form of communication with my provider, and her associates, technicians and other health care providers as outlined below:

- ☐ I consent and accept the risk of receiving information via e-mail.

My email address is: _____

- ☐ I consent and accept the risk of receiving text messages.

My cell phone number is: _____

My wireless carrier is: _____

- ☐ I do not consent to receiving any information via e-mail or text messaging. I understand that I can change my mind and provide consent later.

I understand that I have the right to revoke this authorization at any time. If I want to revoke this authorization, I must do so in writing to Northwest Metabolic Medicine, LLC. I understand that if I revoke this authorization, it will not apply to any prior information already released as a result of this authorization. (Please also note that NWMM may, at times, use automated systems to send e-mails or text messages. All such automated communications will have an 'unsubscribe' option/link which will unsubscribe you from those specific communications. This will not, however, update or revoke the authorization you provided here.)

Print Name

Patient or Authorized Representative Signature

Date