

KICK SOME MASS MEDICAL CONSENT AND AUTHORIZATION FOR ELECTRONIC COMMUNICATION (E-MAIL)

E-mail communication provides for a fast and easy way to communicate with your healthcare provider for those issues that are non-emergent, non-urgent or non-critical. It is not a replacement for the interpersonal contact that is the very basis of the patient-healthcare provider relationship; rather it can support and strengthen an already established relationship.

The following summarizes the information you need to determine whether you wish to supplement your healthcare experience at our practice by electronically communicating with staff members.

General Considerations

- E-mail communication will be considered and treated with the same degree of privacy and confidentiality as written medical records.
- Standard e-mail services, such as Gmail, AOL, Yahoo, and Hotmail are not secure. This means that the e-mail messages are not encrypted and can be intercepted and read by unauthorized individuals.
- Transmitting e-mail that contains protected health information through an e-mail system that is not encrypted does not meet the security guidelines as required by the Health Information Protection and Accountability Act (HIPAA).
- Your E-mail address will not be used for external marketing purposes without your permission. You may receive a group mailing from the practice, however, the recipients e-mail addresses will be hidden.

Provider Responsibilities

- The Provider will attempt to electronically confirm your e-mail address by requesting a return response to all e-mail messages.
- Your provider may route your e-mail messages to other members of the staff for informational purposes or for expediting a response.
- Designated staff may receive and read your e-mail.
- The provider will make every attempt to respond to your email message within 1 business days. If you do not receive a response from the provider within 1 business days, please contact the office.
- Copies of e-mails sent and received from and to you will be incorporated into your medical record. You are advised to retain all electronic correspondence for your own files.

Patient Responsibilities

- E-mail messages should not be used for emergencies or time sensitive situations. In event of a medical emergency, you should contact 911. For emergent or time sensitive situations, you should contact your healthcare provider through the office.
- E-mail messages should be concise. Please arrange for an office appointment if the issue is too complex or sensitive to discuss via e-mail.
- Please key in your full name and the topic, i.e., medication question, in the subject line. This will serve to identify you as the sender of the e-mail.
- Please acknowledge that you received and read the provider's message by return e-mail to the provider

ADDING KICK SOME MASS TO YOUR APPROVED SENDERS LIST

Due to the importance of using email we want to make sure that every patient who provides us their email address is able to receive our communication. In order to protect your privacy many email providers have strict rules which filter any incoming emails containing large attachments or specific content. Health information such as blood test results are sent by email in an attachment which can be blocked by your email provider's security filter which is designed to protect you from receiving anything which might harm your computer. Unfortunately this security feature can also block legitimate emails unless the senders address is approved by the recipient. **If you would like to use email as a means of communication, please be sure to unblock emails from ruthruterbusch@gmail.com. Depending on your email service provider, there are ways to unblock email addresses and approve the sender so that you may receive emails. Also be sure to check your SPAM or junk email inboxes for emails sent by Kick Some Mass.**

CONSENT AND AUTHORIZATION FOR ELECTRONIC COMMUNICATION (E-MAIL)

I have read and understood the above description of the risks and responsibilities associated with electronic communication with my healthcare provider.

I acknowledge that commonly used e-mail services are not secure and fall outside of the security requirements set forth by the Health Insurance Portability and Accountability Act for the transmission of protected health information.

I have been given the opportunity to discuss electronic communication with my healthcare provider and have had all my questions answered.

In consideration of my desire to use electronic communication as supplement to in-person office visits with my provider, I hereby consent to electronic communication via non-secure e-mail services.

I understand that I may revoke my consent to communicate electronically at any time by notifying Kick Some Mass in writing, but if I do, the revocation will not have any effect on actions my healthcare provider has already taken in reliance on my consent.

I agree to release my provider and the practice from any and all liability that may occur due to electronic communication over a non-secure network.

I further agree to be held accountable for the patient responsibilities as outlined above.

PATIENT

Patient Authorized E-mail Address

Patient Signature

Date
