

UPMC
Patient Consent For Health Information
To Be Communicated By E-Mail

Name: _____
Address: _____

E-Mail Address: _____
Telephone Number: _____
Social Security Number _____

1. E-MAIL RISKS AND YOUR RESPONSIBILITY

At the discretion of the University of Pittsburgh Medical Center (UPMC), it's staff, physicians and agents and upon your agreement to the terms outlined within this consent form, you may use e-mail to communicate with UPMC. These e-mails may contain your personal health information. If you decide to use e-mail to communicate with UPMC, you should be aware of the following risks and your responsibilities:

- a) As the Internet is not secure or private, unauthorized people may be able to intercept, read and possibly modify e-mail you send or are sent by UPMC.
- b) You must protect your e-mail account, password and computer against access by unauthorized people.
- c) Since e-mail can be used to spread viruses, some which cause e-mail messages to be sent to people who you do not intend to send e-mail messages to, you should install and maintain virus protection software on your personal computer.
- d) Since e-mails can be copied, printed and forwarded by people to whom you send e-mails, you should be careful regarding whom you send e-mails.

2. CONDITIONS FOR THE USE OF E-MAIL

By consenting to the use of e-mail with UPMC, you agree that:

- a) UPMC may forward e-mails as appropriate for diagnosis, treatment, reimbursement, and other related reasons. As such, UPMC staff members, other than the recipient, may have access to e-mails that you send. Such access will only be to such persons who have a right to access your e-mail to provide services to you. Otherwise, UPMC will not forward e-mails to independent third parties without your prior written consent, except as authorized or required by law.
- b) Although UPMC will try to read and respond promptly to your e-mails, UPMC staff may not read your e-mail immediately. Therefore, you should not use e-mail to communicate with UPMC if there is an emergency or where you require an answer in a short period of time.
- c) If your e-mail requires or asks for a response, and you have not received a response within a reasonable time period, it is your responsibility to follow up directly with UPMC.

- d) You should carefully consider the use of e-mail for the communication of sensitive medical information, such as, but not limited to, information regarding sexually transmitted diseases, AIDS/HIV, mental health, developmental disability, or substance abuse.
- e) You should carefully word your e-mail messages so that the information that you provide clearly describes the information that you intend to convey.
- f) You are responsible for correcting any unclear or incorrect information.
- g) UPMC reserves the right to save your e-mail and include your e-mail or information contained within your e-mail in your medical record.
- h) It is the patient's responsibility to follow up and/or schedule an appointment if warranted or recommended by UPMC.
- i) E-mails may not be the only form of communication that UPMC will use to communicate with you. Additionally, UPMC may decide that it is not in your best interest to continue to communicate with you by e-mail. In such case, UPMC will notify that it no longer intends to communicate with you by e-mail.

3. **INSTRUCTIONS**

- a) You shall immediately inform those individuals with whom you communicate with at UPMC of changes in your e-mail address.
- b) You shall send e-mails only to such UPMC e-mail addresses as instructed.
- c) You shall put your name and social security number in the body of the e-mail.
- d) You shall include the category of the communications in the e-mail's subject line, for handling purposes (e.g. prescription, appointment, medical advice, billing question, etc.)
- e) Prior to sending the e-mail, you shall review the e-mail to make sure it is clear and that all relevant or requested information is provided.
- f) You shall withdraw your consent to communicate by e-mail by sending an e-mail to all of the e-mail addresses for which you had previously communicated.

4. **PATIENT ACKNOWLEDGMENT AND AGREEMENT**

UPMC will use reasonable means to protect the privacy of your health information sent by e-mail. However, because of the risks outlined above, UPMC cannot guarantee that e-mail communications will be confidential. Additionally, UPMC will not be liable in the event that you or anyone else inappropriately uses your e-mail. UPMC will not be liable for improper disclosure of your health information that is not caused by UPMC's intentional misconduct.

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

Patient Signature _____ Date _____