

West Soho Dentistry  
**E-MAIL CONSENT FORM**

Patient name \_\_\_\_\_

Patient address \_\_\_\_\_

Patient e-mail address \_\_\_\_\_

**1. RISK OF USING E-MAIL**

West Soho Dentistry (“the Practice”) offers patients the opportunity to communicate by e-mail. Transmitting patient information by e-mail, however, has a number of risks that patients should consider before using e-mail.

Please note that most standard email does not provide a secure means of communication. There is some risk that any protected health information contained in email may be disclosed to, or intercepted by, unauthorized third parties. In addition, there is always a risk that the email could be sent to the wrong person, usually because of a typing mistake or selecting the wrong name in an auto-fill list. Use of more secure communications, such as phone or fax is an always an alternative that is available to you.

**2. CONDITIONS FOR THE USE OF E-MAIL**

The Practice will use reasonable means to protect the security and confidentiality of e-mail information sent and received. However, because of the risks outlined above, the Practice cannot guarantee the security and confidentiality of e-mail communication, and will not be liable for improper disclosure of confidential information that is not caused by the Practice’s intentional misconduct. Thus, patients must consent to the use of e-mail for patient information. Consent to the use of e-mail includes agreement with the following conditions:

- a. All e-mails to or from the patient concerning diagnosis or treatment will be printed out and made part of the patient’s medical record. Because they are a part of the medical record, other individuals authorized to access the medical record, such as staff and billing personnel, will have access to those e-mails.
- b. The Practice may forward e-mails internally to the Practice’s staff and agents as necessary for diagnosis, treatment, reimbursement, and other handling.
- c. Although the Practice will endeavor to read and respond promptly to an e-mail from the patient. The Practice cannot guarantee that any particular e-mail will be read and responded to within any particular period of time. Thus, the patient shall not use e-mail for medical emergencies or other time-sensitive matters.
- d. If the patient’s e-mail requires or invites a response from the Practice, and the patient has not received a response within a reasonable time period, it is the patient’s responsibility to follow up to determine whether the intended recipient received the e-mail and when the recipient will respond.
- e. The patient should not use e-mail for communication regarding sensitive medical information, such as information regarding sexually transmitted diseases, AIDS/HIV, mental health, developmental disability, or substance abuse.
- f. The patient is responsible for informing the Practice of any types of information the patient does not want to be sent by e-mail, in addition to those set out in 2(e) above.
- g. The patient is responsible for protecting his/her password or other means of access to e-mail. The Practice is not liable for breaches of confidentiality caused by the patient or any third party.
- h. It is the patient’s responsibility to follow up and/or schedule an appointment if warranted.

**3. PATIENT ACKNOWLEDGMENT & AGREEMENT**

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

Patient signature \_\_\_\_\_

Date \_\_\_\_\_