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EMAIL INFORMED CONSENT & RELEASE FORM

Information:

Florida Health and Wellness Institute will be referred to as the “BUSINESS” in this document. The BUSINESS provides patients the opportunity to communicate with it by email. Transmitting confidential patient information by email has a number of risks, both general and specific, that patients should consider before using email.

General Email Risks:

- Email can be immediately broadcast worldwide and be received by many intended and unintended recipients.
- Recipients can forward email messages to other recipients without the original sender’s permission or knowledge.
- Users can easily misaddress an email.
- Email is easier to falsify than handwritten or signed documents.
- Backup copies of email may exist even after the sender or the recipient has deleted his or her copy.

Specific Patient Email Risks:

- Employees do not have an exception of privacy in email that they send or receive at their place of employment. Thus, patients who send or receive email from their place of employment risk having their employer read their email.

Conditions for the Use of Email:

It is the policy of the BUSINESS to make all messages sent or received that concern the diagnosis or treatment of a patient part of that patient’s medical records and will treat such email messages with the same degree of confidentiality as afforded other portions of the medical record. The Business will use reasonable means to protect the security and confidentiality of email information. Because of the risks outlined above, the BUSINESS cannot, however, guarantee the security and confidentiality of email communication.

Patients must consent to the use of email for confidential medical information after having been informed of the above risks.

Consent to the use of email includes agreement to the following conditions:

- As a part of the medical record, other individuals, such as other physicians, nurses, physical therapists, patient accounts personnel and the like, and other entities, such as other health care providers and insurers, will have access to email messages contained in medical records.
- The BUSINESS may forward email messages within the facility as necessary for reimbursement. The BUSINESS will not, however, forward the email outside the facility without the consent of the patient or as required by law.

- Email communication cannot be guaranteed to be entirely secure, private or confidential. The BUSINESS will take reasonable measures to protect the confidentiality of patient email, but the BUSINESS is not liable for improper disclosure of confidential information not caused by the BUSINESS' gross negligence or wanton misconduct.
- Email communication is not always read in a short time period after it is sent, so the telephone should be used for more urgent or time-sensitive communications.
- Office staff may process patient email messages during normal business hours.
- Turnaround time for messages received from the patient during business hours will typically occur within one (1) business day, except when the provider is out of town or on vacation.
- If the patient's email requires or invites a response, and the recipient does not respond within a reasonable amount of time, the patient is responsible for following up to determine whether the intended recipient received the email and when the recipient will respond.
- Emails may be printed.
- Because employees do not have a right of privacy in their employer's email system, patients should not use their employers' email systems to transmit or receive confidential medical information.
- The BUSINESS is not liable for breaches of confidentiality caused by the patient.
- Any further use of email by the patient that discusses diagnosis or treatment by the patient constitutes informed consent to the foregoing.
- The patient may withdraw consent to the use of email at any time by email or written communication to the BUSINESS.
- Any liability of harm for any information loss due to technical failures is waived by the BUSINESS.

The BUSINESS agrees:

- To send new messages to inform patients that their requests have been completed.
- To have security systems in place (e.g. password-protected screen savers on all desktop workstations in every location where email can be viewed).
- To not forward patients' emails to any third party without express written permission from said patients.
- That any patient identifiable information, social security numbers or birthdates will only be sent via email encryption if the communication is wireless.
- To read patient email communications promptly and to respond in a timely manner if warranted.

Patient Acknowledgement Initials _____

I agree to comply with the following list of email communication guidelines:

- I may use email communication to:
 - Request prescription refills
 - Request appointments
 - Request test results
 - Request medical advice
 - Share medical information with the doctor
 - Discuss billing or financial questions
- I will put one of the following categories of the communication in the subject line of the email:
 - Prescription
 - Appointment
 - Test Results
 - Medical Advice
 - Medical Information
 - Billing Question
 - Other Patient Communication
- I will put my full name and date of birth in the body of the message (two forms of identification).
- I will use an auto-reply feature to acknowledge reading the doctor's message.
- I will keep message concise.
- If the patient consents to the use of email, the patient is responsible for informing the BUSINESS of any types of information that the patient does not want to be sent via email other than those set above.
- I am responsible for protecting my password or other means of access to emails sent or received from the BUSINESS to protect confidentiality.
- When email messages become too lengthy or the correspondence is prolonged, I may be called or notified by the BUSINESS to set up an appointment to further discuss the matter.
- I may be reminded by the BUSINESS when I do not adhere to the guidelines.
- The email relationship may be terminated by the BUSINESS if I repeatedly ignore the guidelines.

I have received and read a copy of the Notices of Privacy Practices.

I will receive a copy of this email informed consent and another is included in my medical record.

I have read the above risk factors and conditions for the use of email, and I hereby consent to the use of email for disclosures and communications to and from the BUSINESS regarding my medical treatment.

Patient (Print Name): _____
Patient Signature: _____ Date: _____
Provider Signature: _____ Date: _____