

USC PATIENT EMAIL CONSENT FORM

To address the risks of using email

Patient name: _____

Patient address: _____

Email: _____

Provider: _____

1. RISK OF USING EMAIL

Transmitting patient information by email has a number of risks that patients should consider before using email. These include, but are not limited to, the following risks:

- a) Email can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.
- b) Email senders can easily misaddress an email.
- c) Backup copies of email may exist even after the sender or the recipient has deleted his or her copy.
- d) Employers and on-line services have a right to inspect email transmitted through their systems.
- e) Email can be intercepted, altered, forwarded, or used without authorization or detection.
- f) Email can be used to introduce viruses into computer systems.
- g) Email can be used as evidence in court.
- h) Emails may not be secure, including at USC, and therefore it is possible that the confidentiality of such communications may be breached by a third party.

2. CONDITIONS FOR THE USE OF EMAIL

Providers cannot guarantee but will use reasonable means to maintain security and confidentiality of email information sent and received. Providers are not liable for improper disclosure of confidential information that is not caused by Provider's intentional misconduct. Patients must acknowledge and consent to the following conditions:

- a) **Email is not appropriate for urgent or emergency situations. Provider cannot guarantee that any particular Email will be read and responded to within any particular period of time.**
- b) Email must be concise. The patient should schedule an appointment if the issue is too complex or sensitive to discuss via email.

c) **All email will usually be printed and filed in the patient's medical record.**

- d) Office staff may receive and read your messages.
- e) Provider will not forward patient identifiable emails outside of USC healthcare providers without the patient's prior written consent, except as authorized or required by law.
- f) The patient should not use email for communication regarding sensitive medical information.
- g) Provider 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. INSTRUCTIONS

To communicate by email, the patient shall:

- a) Avoid use of his/her employer's computer.
- b) Put the patient's name in the body of the email.
- c) Key in the topic (e.g., medical question, billing question) in the subject line.
- d) Inform Provider of changes in his/her email address.
- e) Acknowledge any email received from the Provider.
- f) Take precautions to preserve the confidentiality of email.

4. PATIENT ACKNOWLEDGMENT AND AGREEMENT

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communication of email between the Providers and me, and consent to the conditions and instructions outlined, as well as any other instructions that the Provider may impose to communicate with patient by email. If I have any questions I may inquire with my treating physician or the USC Privacy Officer.

Patient signature _____

Date _____

Witness signature _____

Date _____