

Michaels Aesthetic & Reconstructive

Plastic Surgery

P A T I E N T E - M A I L C O N S E N T F O R M

Patient name: _____

E-mail: _____

At Michaels Plastic Surgery (“The Practice”) we feel that email access to Dr. Michaels and the staff allow for very effective communication both before and after your procedure. As The Practice is responsive to our email inquiries, patients often feel more connected. In order for us to provide this access, we ask that you take the time to read this form and consent to the use of email.

1. RISK OF USING E-MAIL

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

- a) **The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) recommends that E-mail that contains protected health information be encrypted. E-mails sent from Dr. Michaels and the Practice are not encrypted, so E-mails may not be secure.** Therefore it is possible that the confidentiality of such communications may be breached by a third party.
- b) E-mail can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.
- c) E-mail senders can easily misaddress an E-mail.
- d) E-mail is easier to falsify than handwritten or signed documents.
- e) Backup copies of E-mail may exist even after the sender or the recipient has deleted his or her copy.
- f) Employers and on-line services have a right to inspect E-mail transmitted through their systems.
- g) E-mail can be intercepted, altered, forwarded, or used without authorization or detection.
- h) E-mail can be used to introduce viruses into computer systems.
Practice server could go down and E-mail would not be received until the server is back on-line.

- i) E-mail can be used as evidence in court.

2. CONDITIONS FOR THE USE OF E-MAIL

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

- a) **E-mail is not appropriate for urgent or emergency situations. Practice and Physician cannot guarantee that any particular E-mail will be read and responded to within any particular period of time.**
- b) **If the patient's E-mail requires or invites a response from Practice or Physician, and the patient has not received a response within two (2) business days, 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.**
- c) E-mail must be concise. The patient should schedule an appointment if the issue is too complex or sensitive to discuss via E-mail.
- d) **All E-mail will usually be printed and filed in the patient's medical record.**
- e) Office staff may receive and read your messages.
- f) Practice will not forward patient identifiable E-mails outside of the Practice without the patient's prior written consent, except as authorized or required by law.
- g) The patient should not use E-mail for communication regarding sensitive medical information, such as information regarding sexually transmitted diseases, AIDS/HIV, mental health, or substance abuse. Practice is not liable for breaches of confidentiality caused by the patient or any third party.

Michaels Aesthetic & Reconstructive

Plastic Surgery

- h) It is the patient's responsibility to follow up and/or schedule an appointment if warranted.
- i) This consent will remain in effect until terminated in writing by either the patient or Practice.
- j) In the event that the patient does not comply with the conditions herein, Practice may terminate patient's privilege to communicate by E-mail with Practice.

3. INSTRUCTIONS

To communicate by E-mail, the patient shall:

- a) Avoid use of his/her employer's computer.
- b) Put the patient's name in the body of the E-mail.
- c) Key in the topic (e.g., medical question, billing question) in the subject line.
- d) Inform Practice of changes in his/her E-mail address.
- e) Acknowledge any E-mail received from the Practice and/or Physician.
- f) Take precautions to preserve the confidentiality of E-mail.
- g) Protect his/her password or other means of access to E-mail.

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 E-mail between the Practice, Physician and me, and consent to the conditions and instructions outlined, as well as any other instructions that the Practice may impose to communicate with patient by E-mail. If I have any questions, I may inquire with the Practice Privacy Officer.

I, for myself, my heirs, executors, administrators and assigns, fully and forever release and discharge **Joseph Michaels V, MD, LLC** and its affiliates, shareholders, officers, directors, physicians, agents and employees, from and against any and all losses, claims, and liabilities arising out of or connected with the use of such E-mail.

Patient signature _____

Witness signature _____

Date _____

Date _____