

**Form A**

**Patient Request for E-mail Communications**

Communications over the Internet and/or using the e-mail system are not automatically secure. UH takes special precautions to make sure the e-mails we send to you are protected through a process called encryption. There are no guarantees of confidentiality when information is transmitted through the internet. Nevertheless, you may request that we communicate with you via e-mail. To do this you must complete this form and return it to your health care provider's office in advance of requesting any e-mail communication.

Please be advised that:

- (1) This Request applies only to the health care provider or office that you indicate below. If you would like to request to communicate via e-mail with another health care provider or office, you must complete a separate Request for that office.
- (2) University Hospitals will not communicate health information that is specially protected under state and federal law (e.g., HIV/AIDS information, substance abuse treatment records information, mental health information) via e-mail even if we agree to communicate with you via e-mail.
- (3) Your healthcare provider has the right to determine if he/she wishes to communicate with you via e-mail. Completion of this form indicates your desire to communicate with your doctor via e-mail but does not guarantee that you will receive e-mail communication with your health care provider.

Please provide the following information:

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Address: \_\_\_\_\_

Please specify the e-mail address to which communications should be addressed:

\_\_\_\_\_

Please specify the health care provider or office from which you are requesting e-mail communications:

\_\_\_\_\_

Please initial each blank and sign below:

\_\_\_ I certify the e-mail address provided on this Request is accurate, and that I, or my designee on my behalf, accept full responsibility for messages sent to or from this address.

\_\_\_ I have received a copy of the IMPORTANT INFORMATION ABOUT PROVIDER/PATIENT EMAIL form, and I have read and understand it.

\_\_\_ I understand and acknowledge that communications over the Internet and/or using the e-mail system are not guaranteed to be secure; and that there is no assurance of confidentiality of information when communicated this way.

\_\_\_ I understand that all e-mail communications in which I engage may be forwarded to other providers, including providers not associated with University Hospitals, for purposes of providing treatment to me.

\_\_\_ I agree to hold University Hospitals and individuals associated with it harmless from any and all claims and liabilities arising from or related to this Request to communicate via e-mail.

\_\_\_\_\_  
Signature of patient or personal representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
If personal representative, authority to act on behalf of patient

**Form B**

**Important Information About Provider/Patient E-mail**

As a patient of a University Hospitals provider or office, you have the right to request we communicate with you by electronic mail (e-mail). University Hospitals healthcare providers may agree or decline to communicate with you via e-mail. It is also your right to be informed in sufficient detail about the risk of communicating via e-mail with your health care provider or office, and how University Hospitals will use and disclose provider/patient e-mail.

E-mail communications are two-way communications. However, responses and replies to e-mails sent to or received by either you or your health care provider may be hours or days apart. This means that there could be delay in receiving treatment for an acute condition.

If you have an urgent or any emergency situation, you should not rely solely on provider/patient e-mail to request assistance or to describe the urgent or emergency situation. Instead, you should act as though provider/patient e-mail is not available to you – and seek assistance by means consistent with your needs.

E-mail messages on your computer, your laptop, and or/your PDA have inherent privacy risks – especially when your e-mail access is provided through your employer or when access to your e-mail messages is not password protected.

Unencrypted e-mail provides as much privacy as a postcard. You should not communicate any information with your health care provider that you would not want to be included on a postcard that is sent through the post office.

E-mail is sent at the touch of a button. Once sent, an e-mail message cannot be recalled or cancelled. Errors in transmission, regardless of the sender's caution, can occur.

In order to forward or to process and respond to your e-mail, individuals at University Hospitals other than your health care provider may read your e-mail message. Your e-mail message is not a private communication between you and your treating provider.

Neither you nor the person reading your e-mail can see the facial expression or gestures or hear the voice of the sender. E-mail can be misinterpreted.

Your e-mail messages and any and all responses to them will become part of your medical record.