Patient Consent for Use of Advanced Orthopedic Center Patient Portal and Electronic Mail

Patient Name: ______________________________________________  Account #:________________________
(please print)

Patient e-mail address: ______________________________________________________________________________
(please print)

SECTION A: PATIENT PORTAL

The Advanced Orthopedic Center Patient Portal is a secure way to communicate with the providers and staff in our office. It allows the patients access to their clinical summaries and is an effective way to communicate without having to pick up the phone. Patients are encouraged to use the portal as a preferred method of communication.

**By providing my email address I am consenting to receive an email request from Advanced Orthopedic Center’s Electronic Medical Record Patient Portal site that will allow me to access summaries of my medical records.

☐ I wish to sign up for the Patient Portal.
   Email Address: _________________________________________________________________

☐ I do not wish to sign up for the Patient Portal.

Patient Signature: _________________________________________________________________________

SECTION B: ACKNOWLEDGEMENT OF RISKS AND CONDITIONS OF USING REGULAR EMAIL RATHER THAN THROUGH SECURE PATIENT PORTAL.

Information exchanged through our Patient Portal is secure; regular email sent by patients through our website is not.

1. RISK OF USING REGULAR E-MAIL

Transmitting patient information by regular e-mail has a number of risks that patients should consider before giving consent. These risks include, but are not limited to:

   a. E-mail can be circulated, forwarded & sorted in numerous paper & electronic files.
   b. E-mail can be immediately broadcast worldwide and be received by both intended & unintended recipients
   c. E-mail senders can misaddress e-mail.
   d. E-mail can be more easily falsified than handwritten or signed documents.
   e. Backup copies of e-mail may exist even after the sender/recipient has deleted their copy.
   f. Employers & online services have the right to archive & inspect e-mails transmitted through their systems.
   g. E-mail can be intercepted, altered, forwarded or viewed without authorization or detection.
   h. E-mail can be used to introduce viruses into computer systems.
   i. E-mail can be used as evidence in court.

2. CONDITIONS FOR THE USE OF E-MAIL

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

   a. All e-mails to/from the patient concerning diagnosis or treatment will be printed out & made part of the patient’s medical records. Because they are a part of the medical records, other individual’s authorized to access the medical records, such as staff & billing personnel, will have access to those e-mails.
b. Advanced Orthopedic Center may forward e-mails internally to staff & agents as necessary for diagnosis, treatment, reimbursement & other handling. Advanced Orthopedic Center will not, however, forward e-mails to independent 3rd parties without the patient’s prior written consent, except as authorized or required by law.

c. Although Advanced Orthopedic Center will endeavor to read & respond promptly to e-mail from the patient, Advanced Orthopedic Center cannot guarantee that a particular e-mail will be read & responded to within any particular period of time. Thus, the patient shall not use e-mail for medical emergencies or time-sensitive matters.

d. If the patient’s e-mail requires or invites a response from Advanced Orthopedic Center, & 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 & 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 disease, AIDS/HIV, mental health, issues of abuse, developmental disability or substance abuse.

f. The patient is responsible for informing Advanced Orthopedic Center of any types of information the patient does not want to be sent by e-mail, in addition to those set out in (e) above.

g. The patient is responsible for protecting their password or other means of access to e-mail. Advanced Orthopedic Center is not liable for breaches of confidentiality caused by the patient or any 3rd party.

h. Advanced Orthopedic Center shall not engage in e-mail communication that is unlawful, such as unlawful practicing medicine across state lines.

i. It is the patient’s responsibility to follow up and/or schedule an appointment if warranted.

3. INSTRUCTIONS

If patients insist on using regular email versus our Patient Portal, the patient shall:

a. Limit or avoid use of his/her employer’s computer.

b. Inform Advanced Orthopedic Center of changes in his/her e-mail address.

c. Put his/her name in the body of the e-mail.

d. Include the category of the communication in the e-mail’s subject line, for routing purposes (i.e. billing questions).

e. Review the e-mail to make sure it is clear & that all relevant information is provided before sending to the Provider.

f. Inform Advanced Orthopedic Center if the patient received unauthorized e-mail from Advanced Orthopedic Center.

g. Take precautions to preserve the confidentiality of e-mails, such as using screen savers & safeguarding his/her passwords.

h. Withdraw consent only by e-mail or written communication to the Provider.

PATIENT ACKNOWLEDGEMENT AND AGREEMENT

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

Patient Signature: __________________________________________ Date: __________________________

Witness Signature: ________________________________________ Date: ________________________