

CAPITOL PAIN INSTITUTE PRIVACY POLICIES

4. ELECTRONIC MAIL INFORMED CONSENT FORM

Many patients prefer the convenience of electronic mail (“e-mail”) to other forms of communication. Capital Pain Institute (“CPI”) offers established patients the opportunity to communicate by e-mail on weekdays during the normal business hours of 8:00 a.m. to 5:00 p.m. E-mail communications will not be monitored during off-hours, holidays, or weekends.

CPI will make every effort to read and respond to an e-mail from you within two (2) working days. However, CPI cannot guarantee that any particular e-mail will be read and responded to within any particular period of time. Therefore, should you need immediate assistance or in the event of technological or equipment failure, please call the office at 512-584-8404.

Patients will be required to meet face-to-face with the physician BEFORE any e-mail communications are accepted by CPI.

The following types of information may be disclosed through e-mail:

- **Patient Treatment and Diagnosis:** All e-mails to or from patients concerning diagnosis or treatment will be printed out and filed in the patient record. Since the information will be considered part of the record, other individuals authorized to access the record, such as staff and billing personnel, will also have access to those e-mails. Note that all e-mail is retained in the record of the system sending the e-mail.
- **Disclosures within CPI Office:** CPI may forward e-mails internally to Workforce Members as necessary for diagnosis and treatment.
- **A REQUEST FOR MEDICAL RECORDS FROM CPI:** Your request for records from CPI may be submitted as provided in CPI’s NOTICE OF PRIVACY PRACTICES.

Although CPI acknowledges the conveniences of e-mail, transmitting patient information by e-mail has a number of risks that you should seriously consider prior to using e-mail. These risks include, but are not limited to, the following:

- E-mail is subject to transmission errors.
- E-mail can be circulated, forwarded, and stored in numerous paper and electronic files.
- E-mail can be immediately broadcasted worldwide and be received by many intended and unintended recipients.
- E-mail senders can easily send an e-mail to the wrong address.
- E-mail is easier to falsify than handwritten or signed documents.
- Backup copies of e-mail may exist even after the sender or the recipient has deleted his/her copy.
- Employers and on-line services have a right to archive and inspect e-mails transmitted through their systems.
- E-mail can be intercepted, altered, forwarded, or used without authorization or detection.
- E-mail can be used to introduce viruses into computer systems.
- E-mail can be used as evidence in court.
- E-mail can be hacked.

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- E-mail is subject to malware, spam, phishing, and use by third parties for malicious or other purposes that can harm you.

Taking into account these risks, CPI will use reasonable means to protect the security and confidentiality of e-mail communications as required by HIPAA, HITECH and Texas Law. However, it is impossible for CPI or Healthmark Group to guarantee the security and confidentiality of e-mail communications.

Should confidential information be improperly disclosed, through no fault of CPI, CPI will not be liable for such disclosures.

E-MAIL SHOULD NOT BE USED FOR MEDICAL EMERGENCIES. IN THE EVENT OF AN EMERGENCY—CONTACT 911 IMMEDIATELY.

By consenting to communicate with CPI through e-mail, you also agree to the following responsibilities:

- If you send an e-mail to CPI that requires or invites a response, and one is not given within a reasonable time frame, it is your responsibility to notify CPI that the e-mail was received. You cannot assume that because it was not returned that it was received.
- It is your responsibility to schedule appointments.
- You should mail, by certified mail, and NOT use e-mail to make disclosures about sensitive medical information such as:
 - a. Substance Abuse
 - b. AIDS/HIV
 - c. Mental Health Disorders
 - d. Sexually Transmitted Diseases
- It is your responsibility to inform CPI of any changes to your e-mail address.

Should you want to restrict any other kind of information that may be disclosed through the use of e-mail, please list the restrictions below:

ACKNOWLEDGEMENT

Patient Name: _____

Date of Birth: _____

I acknowledge that CPI provided me with a written copy of its Notice of Privacy Practices.

I also acknowledge that I have been afforded the opportunity to read the Notice of Privacy Practices and ask questions.

Patient Signature

Date

Personal Representative Signature (if applicable)

Relationship to Patient