

### TMHPO Patient-Provider E-mail Agreement

E-mail offers an easy and convenient way for patients and physicians to communicate. However, there are distinct difference between communicating via e-mail as opposed to calling or coming in to the office. Remember: there is no person on the other side of the e-mail-just a computer. You cannot tell when your message will be read, or even if your doctor is in the office or on vacation. Nevertheless, we believe that the ease of communication e-mail affords is a benefit to patient care. Below are our rules for contacting us using e-mail:

- E-mail is **NEVER** appropriate for urgent or emergency problems. If you have an urgent or emergent problem, please call 911 or go to the closest Emergency Department for immediate treatment.
- E-Mail is **NOT** confidential. My staff may read your e-mails to handle routine, non-clinical matters. Also, you should also know that if sending e-mails from work, your employer has a legal right to read your e-mail.
- E-mail is **NOT** a substitute for seeing me. If you think that you may need to be seen, please call and make an appointment.
- E-mail will become a part of your medical record; a copy will be placed in your chart.
- E-mail is great for asking those straight forward questions that do not require in depth discussion. Appropriate uses of e-mail include prescription refill requests, referral and appointment scheduling request and billing/insurance questions.
- E-mails should **NOT** be used to communicate sensitive medical information, such as information regarding sexually transmitted diseases, AIDS/HIV, mental health, developmental disability, or substance abuse.
- Please identify the nature of your request in the subject line of your messages.

Finally, either one of us can revoke permission to use the e-mail system at any time.

- I DO want to communicate with any physician electronically. I have read the above information and understand the limitations of security on information transmitted. I understand that my physician may not be able to communicate with me electronically about my specific condition if I live outside of the state in which my doctor is licensed.

**PATIENT:**

Patient Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date: \_\_\_\_\_

State of residence: \_\_\_\_\_