

Child and Adolescent Health Specialists, PC



Robert F. Belknap, MD, MPH, FAAP
Developmental-Behavioral Pediatrics

Jocelyn R. Healey, MD, FAAP
General Pediatrics

Nicola J. Smith, MD, FAAP
General Pediatrics
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Corinne Conroy, MD, FAAP
General Pediatrics

E-Mail Consent Form

Risks of using E-Mail

Child and Adolescent Health Specialists, PC offers patients/parents the opportunity to communicate by e-mail with certain limitations. Transmitting patient information by e-mail, however, has a number of risks that patients/parents should consider before using e-mail. These include, but are not limited to the following:

1. E-mail can be circulated, forwarded and stored in numerous paper and electronic files.
2. E-mail can be immediately broadcast worldwide and be received by many intended and unintended recipients.
3. E-mail senders can easily misaddress an e-mail.
4. Email can, for various reasons, be delayed or even undelivered to the intended recipient.
5. E-mail is easier to falsify than handwritten or signed documents.
6. Back-up copies of e-mail may exist even after the sender or the recipient has deleted his or her copy. Most electronic data can be retrieved these days even when you think it has been deleted.
7. Employers and on-line services have a right to inspect and archive e-mails transmitted through their systems. Therefore, we strongly advise not using your work e-mail as your employer or other employees could have access to your/your child's medical information.
8. E-mail can be intercepted, altered, forwarded or used without authorization or detection.
9. E-mail can be used to introduce viruses into computer systems.
10. E-mail can be used as evidence in court.

Conditions for the use of E-mail

Child and Adolescent Health Specialists, PC will use reasonable means to protect the security and confidentiality of e-mail information sent and received. Child and Adolescent Health Specialists will enable you to send emails through our patient portal, which is a direct connection into our electronic medical system. This is the safest method of electronic communication available to us. In the event certain documents are unable to be transmitted through the portal, your consent below allows us to send e-mails directly through our e-mail service. Any e-mail which includes patient medical information will be sent by us in an encrypted, password protected manner. This does not include appointment reminders or acknowledgements which will be sent via encrypted e-mail, without password protection. However, because of the risks outlined above, Child and Adolescent Health Specialists cannot guarantee the security and confidentiality of e-mail communication, and will not be liable for the improper disclosure of confidential information that is not caused by intentional misconduct. Thus, patients must consent to the use of e-mail for patient information subject to the terms and conditions described in this consent form. Consent to the use of e-mail includes agreement with the following terms and conditions:

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1. Certain issues can only be appropriately addressed through an office visit. You will be informed if a physician believes a particular issue is not appropriate for e-mail and can only be appropriately addressed by an office visit.
2. All e-mails to or from you concerning diagnosis or treatment will be made part of the patient's medical record, and may be printed out and kept in hard copy form in the patient's medical record. Because they are a part of the medical record, other individuals authorized to access the medical record, such as staff and billing personnel, will have access to those e-mails.
3. Child and Adolescent Health Specialists may forward e-mails internally to staff and agents as necessary for diagnosis, treatment, reimbursement or other handling. Child and Adolescent Health Specialists will not, however, forward e-mails to independent third parties (e.g. school, therapists) without the patient's/parent's prior written consent, except as authorized or required by law.
4. Although Child and Adolescent Health Specialists will endeavor to read and promptly respond to an e-mail from you, we cannot guarantee that any particular e-mail will be read within any particular period of time. Thus, you shall not use e-mail for medical emergencies or other time-sensitive matters, or to seek medically necessary treatment for you or any family member.
5. If your e-mail requires or invites a response, and you have not received a response within a reasonable time period, it is your responsibility to follow up to determine whether the intended recipient received the e-mail and when they will respond.
6. You should not use e-mail for communication regarding sensitive medical information such as information regarding sexually transmitted diseases, AIDS/HIV, mental health, developmental disability or substance abuse.
7. You are responsible for informing Child and Adolescent Health Specialists of any types of information you do not want to be sent by e-mail, in addition to those set out above.
8. You are responsible for protecting your password or other means of access to e-mail. Child and Adolescent Health Specialists is not liable for breaches of confidentiality caused by you or any other third party.
9. Child and Adolescent Health Specialists shall not engage in e-mail communication that is unlawful, such as unlawfully practicing medicine across state lines.
10. It is your responsibility to follow up and/or schedule an appointment if warranted.
11. Child and Adolescent Health Specialists reserves the right to stop e-mail communications with you, or with all patients, at any time.
12. Parental authorization to access the patient portal expires on a child's 18th birthday.

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Instructions - To communicate by e-mail, the patient/parent shall:

1. Log into our patient portal to send e-mail to Child and Adolescent Health Specialists.
2. Limit or avoid use of your employment e-mail address.
3. Inform Child and Adolescent Health Specialists of changes to your e-mail address.
4. Put patient's name in the body of the e-mail.
5. Include the category of the communication in the e-mail's subject line, for routing purposes. (e.g billing question, appointment request)
6. Review the e-mail to make sure it is clear and that all relevant information is provided before sending to Child and Adolescent Health Specialists.
7. Acknowledge that you received an e-mail from Child and Adolescent Health Specialists by confirming receipt.
8. Take precautions to preserve the confidentiality of e-mails, such as using screen savers and safeguarding your computer password.
9. Withdraw consent only by e-mail or written communication to Child and Adolescent Health Specialists.

Use of the patient portal is optional and will only be enabled if this signature page is returned to our office. No email communication may occur without this signed release. Upon receipt of this form, we will contact you to provide you with your user name and temporary password along with a link to the Patient Portal.

Acknowledgement

I acknowledge that I have read and fully understand the risks and conditions associated with the communication of e-mail between Child and Adolescent Health Specialists and me, and consent to the conditions outlined herein. In addition, I agree to the instructions that Child and Adolescent Health Specialists may impose to communicate with patients/parents by e-mail. Any questions I may have about e-mail communications with Child and Adolescent Health Specialists have been communicated to Child and Adolescent Health Specialists and have been answered to my satisfaction.

Release from Liability

I hereby indemnify and hold harmless Child and Adolescent Health Specialists, PC and its respective employees, agents, officers, directors, contractors and affiliates from any liability relating to or arising out of the loss of information transmitted or attempted to be transmitted by e-mail, any delay in e-mail transmission, any interception by unauthorized recipients, or breach of confidentiality or privacy resulting from technical or process failures of any nature, from any claim and/or liability relating to or arising out of any breach of my confidentiality or privacy which may result from the use of unencrypted e-mail, and from any other claim and/or liability relating to or arising out of the use of e-mail between me and my family members and Child and Adolescent Health Specialists, PC.

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Office Copy

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Release from Liability

I hereby indemnify and hold harmless Child and Adolescent Health Specialists, PC and its respective employees, agents, officers, directors, contractors and affiliates from any liability relating to or arising out of the loss of information transmitted or attempted to be transmitted by e-mail, any delay in e-mail transmission, any interception by unauthorized recipients, or breach of confidentiality or privacy resulting from technical or process failures of any nature, from any claim and/or liability relating to or arising out of any breach of my confidentiality or privacy which may result from the use of unencrypted e-mail, and from any other claim and/or liability relating to or arising out of the use of e-mail between me and my family members and Child and Adolescent Health Specialists, PC.

Patient Name

Date of Birth

Patient Name

Date of Birth

Patient Name

Date of Birth

Patient Name

Date of Birth

Patient Name

Date of Birth

Signature of Parent/Guardian
Or Patient if over 18 years (circle which)

Date

Email address (please write legibly) _____