



CONSENT • CONSENT ELECTRONIC MAIL USE BETWEEN PROVIDER AND PATIENT

Medical Record Number

Patient Name

**Addressograph or Label**

You and your health care provider have agreed to correspond using electronic mail (e-mail). This form provides guidelines for the intended use of this type of communication, and documents your consent.

**IN A MEDICAL EMERGENCY, DO NOT USE E-MAIL. CALL 911.**

**E-mail Use** In most cases you must be 18 years or older or an emancipated or self-sufficient minor before your provider can send you e-mail about your or your child's personal health information.

**Privacy and Confidentiality** Any email may be viewed by unintended persons unless the email from your provider or your reply to their email is sent via the LPCH Secure Email application. In addition, the content of the email may be monitored by the hospital to ensure appropriate use. Discuss with your provider who will process your email messages during business hours, vacations or illness. Emails related to patient care will be included in your medical record.

**Creating a Message** In the body of the message, include your full name and your identification number (Medical Record Number) or your date of birth, and in the "Subject" line provide the general topic of the message, for example, Prescription or Appointment or Advice. For LPCH staff, on the "Subject" line, include the phrase "Secure:" followed by the general topic of the message, for example, Prescription *or* Appointment *or* Advice

**Content of the Message** E-mail should be used only for non-sensitive and non-urgent issues. Types of information appropriate for e-mail include:

- Questions about prescriptions
- Routine follow-up inquiries
- Appointment scheduling
- Reporting of self-monitoring measurements, such as blood pressure and glucose determinations

E-mail may never be used to communicate to you test and other related results concerning HIV, sexually transmitted disease, hepatitis, drug abuse or presence of malignancy, or for alcohol abuse or mental health issues.

**Response Time** Discuss with your provider the expected turn around time for responses to your messages. If the expected time is exceeded, call your provider at the phone number below.

**Ending E-mail Relationship** Either you or your provider may request to discontinue using e-mail as a means of communication, via either e-mail or letter.

**Disclaimer** Lucile Packard Children's Hospital (LPCH) is not responsible for e-mail messages that are lost due to technical failure during composition, transmission and/or storage.

I have read and understand the information above, and had any questions answered to my satisfaction. I agree to the above guidelines for e-mail communication. I hereby release and hold harmless LPCH, its officers, directors, employees and agents from any claim I may have arising from the use of e-mail to communicate with me.

DATE SIGNATURE of Patient, Parent or Personal Representative RELATIONSHIP (if other than patient)

Patient E-mail Address (please print): \_\_\_\_\_

Provider Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Provider E-mail Address (please print): \_\_\_\_\_