

**URMC/Strong Health**  
**PATIENT E-MAIL CONSENT FORM**

Items marked with an asterisk (\*) are required.

\* Patient Name: \_\_\_\_\_  
\* Patient Date of Birth: \_\_\_\_\_  
\* Patient E-mail: \_\_\_\_\_  
Provider: \_\_\_\_\_  
Provider E-mail: \_\_\_\_\_@uhs.rochester.edu  
Patient UHS MR #: \_\_\_\_\_

**1. RISK OF USING E-MAIL**

Transmitting patient information by E-mail has a number of risks that patients should consider. These include, but are not limited to, the following:

- a) E-mail can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.
- b) E-mail senders can easily misaddress an E-mail.
- c) Backup copies of E-mail may exist even after the sender or the recipient has deleted his or her copy.
- d) Employers and on-line services have a right to inspect E-mail transmitted through their systems.
- e) E-mail can be intercepted, altered, forwarded, or used without authorization or detection.
- f) E-mail can be used to introduce viruses into computer systems.

**2. CONDITIONS FOR THE USE OF E-MAIL**

The Provider cannot guarantee but will use reasonable means to maintain security and confidentiality of E-mail information sent and received. The Patient and Provider must consent to the following conditions:

- a) E-mail is not appropriate for urgent or emergency situations. The Provider cannot guarantee that any particular E-mail will be read or responded to.
- b) E-mail must be concise. The Patient should schedule an appointment if the issue is too complex or sensitive to discuss via E-mail.
- c) E-mail communications between patient and provider will be filed in the Patient's permanent medical record or departmental file.
- d) The Patient's messages may also be delegated to another provider or staff member for response. Office staff may also receive and read or respond to patient messages.
- e) The Provider will not forward patient-identifiable E-mails outside of the URMC healthcare system without the Patient's prior written consent, except as authorized or required by law.
- f) The Patient should not use E-mail for communication regarding sensitive medical or financial information.
- g) It is the Patient's responsibility to follow up and/or schedule an appointment if warranted.

- h) Recommended uses of patient-to-provider e-mail should be limited to:
  - a. Appointment requests
  - b. Prescription refills
  - c. Requests for information
  - d. Non-urgent health care questions
  - e. Updates to information or exchange of non-critical information such as routine laboratory values, immunizations, insurance changes, financial eligibility information, etc.

**3. INSTRUCTIONS**

- To communicate by E-mail, the Patient shall:
- a) Avoid use of his/her employer's computer.
  - b) Put the Patient's name in the body of the E-mail.
  - c) Put the topic (e.g., medical question, billing question) in the subject line.
  - d) Inform the Provider of changes in the Patient's E-mail address.
  - e) Take precautions to preserve the confidentiality of E-mail and any attached documents.
  - f) Contact the Provider's office via conventional communication methods (phone, fax, etc.) if the patient does not receive a reply within a reasonable period of time.

**4. PATIENT ACKNOWLEDGMENT AND AGREEMENT**

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communication of E-mail between the Provider and me. I consent to the conditions and instructions outlined here, as well as any other instructions that the Provider may impose to communicate with me by E-mail. I agree to use only the pre-designated e-mail address specified above. Any questions I may have had were answered.

\_\_\_\_\_  
\* Patient Signature

\* Date \_\_\_\_\_

\_\_\_\_\_  
Provider Signature

Date \_\_\_\_\_

**Return to:** UHS (Attn: Release of Records) by fax (585-276-0149), mail (UHS, Box 270617, Rochester, NY 14627), or hand deliver to UHS Building.