

# Cardiology of Virginia, Inc

## EMAIL CONSENT FORM

Patient Name:

Account Number:

Address:

Email Address:

PLEASE PRINT CLEARLY

### RISK OF USING EMAIL

Cardiology of Virginia, Inc. (COV), offers patients the opportunity to communicate by email. Transmitting patient information by email, however, has a number of risks that the patient should consider before using email. These include, but are not limited to the following:

1. Email can be circulated, forwarded, and stored in numerous paper and electronic files.
2. Email can be immediately broadcast worldwide and be received by many intended and unintended recipients.
3. Email senders can easily misaddress an email.
4. Email is easier to falsify than handwritten or signed documents.
5. Backup copies of email may exist even after the sender or the recipient has deleted his or her copy.
6. Employers and online services have a right to archive and inspect emails transmitted through their systems without authorization or detection.
7. Email can be intercepted, altered, forwarded, or used without authorization or detection.
8. Email can be used to introduce viruses into computer systems.
9. Email can be used as evidence in court.

### CONDITIONS FOR THE USE OF EMAIL

COV will use reasonable means to protect the security and confidentiality of email information sent and received. However, because of the risks outlined above, COV cannot guarantee the security and confidentiality of email communication, and will not be liable for improper disclosure of confidential information that is not caused by COV's intentional misconduct. Thus, patients must consent to the use of email indicates agreement with the following conditions:

1. All emails to or from the patient concerning diagnosis or treatment will be printed out and made part of the medical record so that staff and billing personnel will have access to those emails.
2. COV may forward emails internally to COV's staff and agents as necessary for diagnosis, treatment, reimbursement, and other handling. COV will not, however, forward emails to independent third parties without the patient's prior written consent, except as authorized or required by law.
3. Although COV will endeavor to read and respond promptly to email from the patient, COV cannot guarantee that any particular email will be read and responded to within any particular period of time. Thus, the patient shall not use email for medical emergencies or other time-sensitive matters.
4. If the patient's email requires or invites a response from COV and the patient has not received a response within a reasonable time period, it is the patient's responsibility to follow up to determine if the intended recipient received the email and when the recipient will respond.
5. The patient should not use email for communication regarding sensitive medical information, such as information regarding sexually transmitted diseases, AIDS/HIV, mental health, developmental disability, or substance abuse.
6. The patient is responsible for informing COV of any types of information the patient does not want to be sent by email, in addition to those listed above.
7. The patient is responsible for protecting his/her password or other means of access to email. COV is not liable for breaches of confidentiality caused by the patient or any third party.
8. COV shall not engage in email communication that is unlawful, such as unlawfully practicing medicine across state lines.
9. It is the patient's responsibility to follow up and/or schedule an appointment if warranted.

**INSTRUCTIONS**

To communicate by email, the patient shall:

1. Limit or avoid use of his/her employer’s computer.
2. Inform COV of changes in his/her email address.
3. Put the patient’s name in the body of the email
4. Include the category of the communication in the email subject line for routing purposes (e.g., billing question).
5. Review the email to make sure it is clear and that all relevant information is provided before sending to COV.
6. Inform COV that the patient received an email from COV.
7. Take precautions to preserve the confidentiality of emails, such as using screen savers and safeguarding his/her computer password.
8. Withdraw consent only by email or written communication to COV.

**PATIENT ACKNOWLEDGEMENT AND AGREEMENT**

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communication of email between COV and me, and consent to the conditions outlined herein. In addition, I agree to instructions outlined herein, as well as any other instructions that COV may impose to communicate with patients by email. Any questions I may have had were answered.

PATIENT’S SIGNATURE	DATE
WITNESS SIGNATURE	DATE