



Important Information About Patient Email

PLEASE READ THIS INFORMATION CAREFULLY

As a patient of ColumbiaDoctors, you may request we communicate with you by electronic mail (email). This Fact Sheet will inform you about the risks of communicating with your health care provider or program via email and how ColumbiaDoctors will use and disclose provider / patient email.

Email communications are a two-way communications. However, responses and replies to emails sent to or received by either you or your health care provider may be hours or days apart. This means that there could be a delay in receiving treatment for an acute condition.

If you have an urgent or an emergency situation, you should not rely solely on provider / patient email to request assistance or to describe the urgent or emergency situation. Instead, you should act as though provider / patient email is not available to you and seek medical attention.

Email messages on your computer, laptop, or other device have inherent privacy risks especially when your email access is provided through your employer or when access to your email messages is not encrypted (protected).

Unencrypted email provides as much privacy as a postcard. You should not communicate any information with your health care provider that you would not want to be included on a postcard that is sent through the Post Office.

Email is sent at the touch of a button. Once sent, an email message cannot be recalled or cancelled. Errors in transmission can occur. You can also help minimize this risk by using only the email address that you provide to our practice/ program/ provider.

In order to forward or to process and respond to your email, individuals at ColumbiaDoctors other than your health care provider may read your email message. Your email message is not a private communication between you and your treating provider.

At your health care provider's discretion, your email message any and all responses may become part of your medical record.

ColumbiaDoctors encourages patients to use the patient portal (FollowMyHealth) to communicate with healthcare providers directly via email.

Alternatively, patients may receive secure (encrypted) email from their health provider. These messages require patients to establish an account to receive messages from providers.

Finally, patients have the right to request to communicate directly with their healthcare provider without encrypting communications



Patient Request for Unencrypted Email Communication

Patient Name: _____ **Date of Birth:** _____

Phone Number: _____ **Email Address:** _____

This form authorizes your provider/program to communicate with you via unencrypted email.

I understand that communications over the Internet or use of an email system may not be secure and there is no assurance of confidentiality when communicating via unencrypted email.

Please be advised that:

- **This request applies only to the healthcare provider or program stated below. A separate form is required if you would like to request to communicate via unencrypted email with another health care provider or program.**
- An email address must be provided
- A test email is recommended before corresponding via email.

I understand and agree to the following:

- The email address provided is accurate and I accept responsibility for messages sent to or from this email address.
- I have received a copy of the IMPORTANT INFORMATION ABOUT PATIENT EMAIL form.
- Communication over the internet or using unencrypted email may not be secure and there is no assurance of confidentiality of information communicated via unencrypted email.
- Email communications may be forwarded to other providers and documented in my medical record for my treatment.
- I have the right at any time to revoke this authorization by contacting my provider and informing them that I wish to revoked my authorization.
- I agree to hold ColumbiaDoctors and individuals associated with ColumbiaDoctors harmless from any and all claims and liabilities arising from or related to this request to communicate via unencrypted email.

Signature of patient

Date

Name of Physician or Program