

Authorization to Send and Receive Medical Information by Email/Text

North Suburban Chiropractic & Acupuncture (the "Practice") sends patient information by e-mail and/or text messaging.

RISKS: Transmitting information by e-mail/text, however, has a number of risks that patients should consider before using e-mail/text (the "Risks"). These include, but are not limited to, the following Risks:

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

CONDITIONS: Because of the Risks outlined above, the Practice cannot guarantee the security and confidentiality of e-mail/text communication, and will not be liable for improper use and/or disclosure of confidential information that is not caused by the Practice's intentional misconduct. Thus, patients must consent to the use of e-mail/text for patient information. Consent to the use of e-mail/text includes agreement with the following conditions:

1. All e-mails/texts to or from the patient concerning diagnosis or treatment will be saved as part of the 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/texts.
2. The Practice may forward e-mails internally to the Practice's staff and agents as necessary for diagnosis, treatment, reimbursement, and other handling. The Practice will not, however, forward e-mail to independent third parties without the patient's prior written consent, except as authorized or required by law.
3. Although the Practice will endeavor to read and respond promptly to an e-mail/text from the patient, the Practice cannot guarantee that any particular e-mail/text will be read and responded to within any particular period of time. Thus, the patient shall not use e-mail/text for medical emergencies or other time-sensitive matters.
4. If the patient's e-mail/text requires or invites a response from the Practice, and the patient has not received a response within a reasonable time period, it is the patient's responsibility to follow up to determine whether the intended recipient received the e-mail/text and when the recipient will respond.

The patient should not use e-mail/text for communication regarding sensitive medical information, such as information regarding sexually transmitted diseases, AIDS/HIV, mental health, developmental disability, or substance abuse.

5. The patient is responsible for informing the Practice of any types of information the patient does not want to be sent by e-mail/text, in addition to those set out in the preceding paragraph.
6. The patient is responsible for protecting his/her password or other means of access to e-mail/text.
7. The Practice is not liable for breaches of confidentiality caused by the patient or any third party.
8. The Practice shall not engage in e-mail/text 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 e-mail/text, the patient shall:

10. Limit or avoid use of his/her employer's computer.
11. Inform the Practice of changes in his/her e-mail address or text number.
12. Put the patient's name in the body of the e-mail/text.
13. Include the category of the communication in the e-mail's subject line or body of a text message, for routing purposes (e.g., billing question).
14. Review the e-mail/text to make sure it is clear and that all relevant information is provided before sending to the Practice.
15. Inform the Practice that the patient received an e-mail/text from the Practice.
16. Take precautions to preserve the confidentiality of e-mails/texts, such as using screen savers and safeguarding his/her computer password.
17. Withdraw consent only by e-mail or written communication to the Practice.
18. Contact the Practice's Privacy Official at (303) 427-2225 with any unanswered questions before communicating with the Practice via e-mail or text message.

PATIENT ACKNOWLEDGMENT AND AGREEMENT

I acknowledge that I have read and fully understand the information the Practice has provided me regarding the Risks of using e-mail and text messaging. I understand the risks associated with the communication of e-mail and text between the Practice and me, and consent to the conditions outlined in this document. In addition, I agree to the instructions outlined above, as well as any other instructions that the Practice may impose regarding e-mail or text message communications.

Signature of patient or personal representative

Date

Printed name of patient or personal representative

Phone number to be used for sending medical records

Name of cellular provider (Required)

Email address authorized to be used for sending medical records

List minor children/family members below:

