Manifest Psychiatry PLLC

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Consent for Health Information to be Communicated by Electronic Mail

Patient Name: _____ Date of Birth_____

By signing below, I expressly permit Manifest Psychiatry PLLC and Donnesha Slider M.D. at its/ her discretion, to communicate protected health information (PHI) for the above named patient, via email at the following email address(es):

□ ANY email address from which parent/ legal guardian/ patient initiates communication

□ ONLY those listed:_____

1. E-MAIL RISKS AND YOUR RESPONSIBILITY

At the discretion of *Manifest Psychiatry PLLC (MP)*, its employees, medical staff, and agents (MP) and upon your agreement to the terms outlined within this consent form, MP may use e-mail to communicate with you. These emails may contain your/your child's personal health information. If you agree to permit MP to use e-mail to communicate with you, you should be aware of the following risks and/or your responsibilities:

a) As the Internet is not secure or private, unauthorized people may be able to intercept, read and possibly modify email you send or are sent by MP.

b) You must protect your e-mail account, password and computer against access by unauthorized people.

c) Since e-mail can be used to spread viruses, some which cause e-mail messages to be sent to people who you do not intend to send e-mail messages to, you should install and maintain virus protection software on your PC.

d) Since e-mails can be copied, printed and forwarded by people to whom you send e-mails, you should be careful regarding whom you send e-mails.

2. CONDITIONS FOR THE USE OF E-MAIL

By consenting to the use of e-mail with MP, you agree that:

a) MP may forward e-mails as appropriate for diagnosis, treatment, reimbursement, and other related reasons. As such, MP employees, medical staff and agents, other than the recipient, may have access to e-mails that you send. Such access will only be to such persons who have a right to access your e-mail to provide services to you. Otherwise, MP will not forward e-mails to independent third parties without your prior written consent, except as authorized or required by law.

b) Although MP will try to read and respond promptly to your e-mails, MP staff may not read your e-mail immediately. **Therefore, you should not use e-mail to communicate with MP if there is an emergency or where you require an answer in a short period of time.**

c) **If your e-mail requires or asks for a response, and you have not received a response within a reasonable time period, it is your responsibility to again follow up with MP.**

d) You should carefully consider the use of e-mail for the communication of sensitive medical information, such as, but not limited to, information regarding sexually transmitted diseases, AIDS/HIV, mental health, developmental disability, or substance abuse.

e) You should carefully word your e-mail messages so that the information that you provide clearly describes the information that you intend to convey.

Consent for Health Information to be Communicated by E-Mail/ Other E-Communication

f) You are responsible for correcting any unclear or incorrect information, including a change in the above noted email address.
g) MP reserves the right to save your e-mail and include your e-mail or information contained within your email in your/your child's medical record.
h) It is the patient's/parent's/legal guardian's responsibility to follow up and/or schedule an appointment if warranted or recommended by MP.
i) E-mails may not be the only form of communication that MP will use to communicate with you. Additionally, MP may decide that it is not in your/your child's best interest to continue to communicate with you by e-mail. In such case, MP will notify you that it no longer intends to communicate with you by e-mail.

3. INSTRUCTIONS
a) You shall immediately inform MP of changes in your e-mail address.
b) You shall send e-mails only to such MP e-mail addresses as instructed.
c) You shall reserve the use of e-mail to only URGENT matters that cannot wait until the next scheduled appointment. Urgent and non-urgent communications, as well as out-of-pocket fees for matters deemed to be non-urgent are outlined in the MP Notice of Patient Care, Business, and Financial Practices.
d) Prior to sending the e-mail, you shall review the e-mail to make sure it is clear and that all relevant or requested information is provided.
e) If you wish to withdraw your consent to communicate by e-mail, you must notify MP in writing. Email communication will cease immediately after MP confirms receipt of your written withdraw of consent.

4. ACKNOWLEDGMENT AND AGREEMENT
MP will use reasonable means to protect the privacy of the patient's health information. However, because of the risks outlined above, MP cannot guarantee that e-mail will be confidential. Additionally, MP will not be liable in the event that you or anyone else inappropriately uses or accesses your e-mail. MP will not be liable for improper disclosure of your health information that is not caused by MP's intentional misconduct. **By signing to below, I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communications of e-mail between MP and me, and consent to the conditions outlined herein, as well as any other instructions/ fees that MP may impose to communicate with me by e-mail. Any questions I may have had were answered. I understand that this consent does not indicate that email communication prior to the signing of this authorization was completed without consent, as I have always had the option of declining email as a method of communication with MP. I understand this consent is valid until such time as I revoke the consent as outlined above, except to the extent that a person who is to make a communication has already acted in reliance upon this authorization.**

Patient (≥14 yrs of age)
Signature _____ Date _____
Parent/Legal Guardian
Signature _____Date _____
Printed Name _____

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