DEER PARK FAMILY DOCTORS

Permission to Use E-mail for Patient Communication

The purpose of e-mail is to facilitate quick, concise communication, and is an alternative to using mail or telephone. USE OF E-MAIL IS ENTIRELY OPTIONAL. It is also important to keep in mind that E-MAIL IS NOT CONFIDENTIAL, and should not be used when there is a need for, or expectation of, absolute privacy between patient and provider.

- We strive for a 48 hour turn-around on e-mail. DO NOT USE E-MAIL FOR URGENT MATTERS.
- E-mail is received by our staff, and forwarded to your physician. If your regular doctor is on vacation, your messages will be forwarded to one of the other doctors in the office.
- All messages will become part of the permanent medical record.
- We ask that e-mail not be used regarding HIV, mental health or Workman's Comp issues.
- Please put the general category of your message in the subject line: i.e., "appointment," "medical advice," "billing question," and INCLUDE YOUR NAME AND CONTACT INFORMATION IN THE BODY.
- Please let us know via "Reply" that you have received our communications.
- We will NEVER use e-mail to send group mailings, nor will we share e-mail addresses with third parties.
- Our e-mail is routed to us confidentially in encrypted form through our electronic medical record provider, Alteer. We cannot be responsible for e-mail lost due to technical failures. If you have not received a reply to your questions in a timely fashion, please call our office.

By signing below, the patient authorizes **Deer Park Family Doctors** to communicate by e-mail regarding routine medical issues. Such communication might include:

- Lab & Test results that are within normal ranges (Abnormal results generally will be communicated in person or by telephone)
- Appointment & Referral confirmation and dates; and Insurance questions,
- Routine follow-up inquiries, and patient reports of home health measurements, such as blood pressure and glucose determinations

Signed by: _____ _____

Signature of Patient or Legal Guardian *Relationship to Patient*

_____ _____

Print Patient's Name *Date*

_____

E-mail Address

_____

Print Name of Patient or Legal Guardian, if applicable