

Information Regarding Electronica Mail (E-Mail) Use

Alister A. George M.D., Inc. offers our patients the opportunity to communicate by e-mail. This form provides information about the risks of e-mail, guidelines for e-mail communication, and how we will use e-mail communication. It also will be used to document your consent for us to communicate with you by e-mail.

RISKS

Communication by e-mail has a number of risks which include, but are not limited to, the following:

- E-mail can be circulated, forwarded, and stored in paper and electronic files.
- Backup copies of e-mail may exist even after the sender or the recipient has deleted his or her copy.
- E-mail can be received by unintended recipients.
- E-mail can be intercepted, altered, forwarded, or used without authorization or detection.
- E-mail senders can easily type in the wrong e-mail address.
- E-mail can be used to introduce viruses into computer systems.

HOW WE WILL USE E-MAIL

- 1) We will limit e-mail correspondence to established patients who are adults 18 years or older or the legal representatives of established patients.
- 2) We will use e-mail to communicate with you only about non-sensitive and non-urgent issues such as:
 - Questions about prescriptions, etc.
 - Routine follow-up questions
 - Appointment scheduling, and/or billing questions.
 - Medical records
- 3) All e-mails to or from you may be made a part of your medical record. Your e-mail messages may be forwarded to another office staff member as necessary for appropriate handling.
- 4) We will not disclose your e-mails to researchers or others unless allowed by state or federal law. Please refer to our Notice of Privacy Practices for information as to permit uses of your health information and your rights regarding privacy matters.

IN A MEDICAL EMERGENCY, DO NOT USE E-MAIL. CALL 911. Also, do not use e-mail for urgent problems. If you have an urgent problem, call our office (805) 492-4800 or go to an urgent care facility.

GUIDELINES FOR E-MAIL COMMUNICATION

- 1) Include the general topic of the message in the subject line of your e-mail. For example, "advice," "prescription," "appointment", or "billing question."
- 2) The e-mail message should not be time-sensitive. While we try to respond to e-mail messages daily, it may take up to three (3) working days for us to respond to your message. Urgent messages or needs should be relayed to us using regular telephone communication.
- 3) Include your name and phone number in the body of the message.
- 4) Review your message to make sure it is clear and that all relevant information is included before sending.
- 5) Send us an e-mail confirming receipt of our message after you have received and read an e-mail message from us.
- 6) If your e-mail requires a response from us and you have not heard back from us within three (3) working days, call our office to follow-up to determine if we received your e-mail.
- 7) Take precautions to protect the confidentiality of e-mail, such as safeguarding your computer password and using screen savers.
- 8) Inform us of changes in your e-mail address.



Consent for Electronic Mail (E-Mail) Use

ALISTER A. GEORGE, M.D.
GASTROENTEROLOGY & HEPATOLOGY

Board Certified in Gastroenterology

I, _____, am

(print name)

___ a) an established patient of Alister A. George M.D.

___ b) the legal representative of an established patient, _____

I understand that Alister A. George M.D., Inc. cannot guarantee the security and confidentiality of e-mail communication. Alister A. George M.D., Inc. will not be responsible for messages that are not received or delivered due to technical failure or for disclosure of confidential information unless caused by intentional misconduct.

I understand that appointments should be made to discuss any new issues or any sensitive medical information.

I understand that either I or Alister A. George M.D., Inc. may stop using e-mail as a means of communication upon my written request.

I have read and understand this form. I have had the opportunity to ask questions and my questions have been answered to my satisfaction. I understand and agree with the information contained in this form and give my consent for e-mail communications to and from Alister A. George M.D., Inc..

In order to secure your privacy, we will use the last four digits of your social security number as a password in order for the recipient to open the attachment of medical records.

PATIENT AUTHORIZATION / E-MAIL:

Patient Authorized E-Mail Address (please print)

Patient Name (please print)

Date of Birth

Patient Signature

Date