

# ALLIED ANKLE & FOOT CARE CENTERS, P.C.

## PATIENT CONSENT FOR ELECTRONIC COMMUNICATION

Allied Ankle & Foot Care Centers, PC may offer our patients the opportunity to communicate by electronic communication via E-mail and or text messages. This form provides information about the risks of electronic communication, guidelines for electronic communication, and how we will use electronic communication. It also will be used to document your consent for us to communicate with you by electronic communication via E-mail and/or text messages.

### RISKS

Communication by electronic communication, such as E-mail or text messages, has a number of risks which include, but are not limited to, the following:

- o Electronic communication can be circulated, forwarded and stored in paper and electronic files.
- o Backup copies of electronic communication may exist even after the sender or the recipient has deleted his/her copy.
- o Electronic communication can be received by unintended recipients.
- o Electronic communication can be intercepted, altered, forwarded, or used without authorization or detection.
- o Electronic communication senders can easily type in the wrong electronic communication address.
- o Electronic communication can be used to introduce viruses into computer systems.
- o Message & data rates may apply, if using text messages as the means of electronic communication.

### HOW WE WILL USE ELECTRONIC COMMUNICATION

1. We will limit electronic communication correspondence to established patients who are adults 18 years or older, or the legal representatives of established patients.
2. We will use electronic communication to communicate with you only about non-sensitive and non-urgent issues such as:
  - o Questions about prescriptions, use of medical equipment or devices, etc.
  - o Routine follow-up questions
  - o Appointment scheduling
  - o Billing questions
3. All electronic communications to or from you will be made a part of your medical record. You will have the same right of access to such electronic

communications as you do to the remainder of your medical file.

4. Your electronic communication messages may be forwarded to another office staff member as necessary for appropriate handling.
5. We will not disclose your electronic communications to researchers or others unless allowed by state or federal law. Please refer to our Notice of Privacy Practices for information as to permitted uses of your health information and your rights regarding privacy matters.

### IN A MEDICAL EMERGENCY, DO NOT USE ELECTRONIC COMMUNICATION... CALL 911.

Also, do not use electronic communication for urgent problems. If you have an urgent problem, call our patient services department at 770-255-0434 or go to an urgent care facility.

### GUIDELINES FOR ELECTRONIC COMMUNICATION

1. Include the general topic of the message in the "subject" line of your electronic communication. For example, "advice," "prescription," "appointment" or "billing question."
2. The electronic communication message should not be time-sensitive. While we try to respond to electronic communication 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 electronic communication confirming receipt of our message after you have received and read an electronic communication message from us.
6. If your electronic communication 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 electronic communication.
7. Take precautions to protect the confidentiality of electronic communication, such as safeguarding your computer password and using screen savers.
8. Inform us of changes in your email address.

### CONSENT TO ELECTRONIC COMMUNICATION:

I may want to communicate with Allied Ankle & Foot Care Centers, PC by electronic communication. I understand the risks of communicating by electronic communication, in particular the privacy risks explained in this form. I understand that Allied Ankle & Foot Care Centers, P.C. cannot guarantee the security and confidentiality of electronic communication. Allied Ankle & Foot Care Centers, PC 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 I may also communicate with Allied Ankle & Foot Care Centers, PC by telephone or during a scheduled appointment, and that electronic communication is not a substitute for care that may be provided during an office visit. Appointments should be made to discuss any new issues or any sensitive medical information.

I understand that either I or Allied Ankle & Foot Care Centers, PC may stop using electronic communication as a means of communication at any time, upon written notification.

I understand that I may revoke this consent at any time by so advising Allied Ankle & Foot Care Centers, PC in writing. My revocation of consent will not affect my ability to obtain future health care nor will it cause the loss of any benefits to which I am otherwise entitled.

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 by providing my email address and/or cellular phone number, give my consent for electronic communications to and from Allied Ankle & Foot Care Centers, PC via email and/or text message.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Patient (or Guarantor) Signature

\_\_\_\_\_  
Email Address