



E-MAIL COMMUNICATION CONSENT FORM

RISKS OF USING EMAIL

Lakeview Plastic Surgery allows some communication by email. Transmitting patient information poses several risks, and the patient should not agree to communicate with the office via email without understanding and accepting these risks. The risks include, but are not limited to the following:

- The privacy and security of email communication cannot be guaranteed
- Email senders can misaddress, resulting in it being sent to unintended recipients
- Employers/online services may have a legal right to inspect and keep emails that pass through their system
- Even after email deletion, backup copies may exist on a computer
- Email is easier to falsify than hard copies. It is impossible to verify the true identity of the sender, or to ensure that only the recipient can read the email
- Emails can introduce viruses, cause damage, or disrupt the computer
- Emails can be used as evidence in court

CONDITIONS OF USING EMAIL

Our office will use reasonable means to protect the security and confidentiality of email information sent and received; however, we cannot guarantee the security of email communication. Patients must consent to the use of email for patient information, billing, and communication. Consent to use email includes agreement with the following conditions:

- Emails to or from the patient concerning treatment may be printed in full and made part of the patient's medical record. Because they are part of the medical record, authorized individuals will have access to the medical record
- Although the office will endeavor to read and respond in a timely manner to all emails from the patient, it is not a guarantee that any particular email will be read and responded to within any particular period of time. **The patient should not use email for medical emergencies or time-sensitive matters.**
- You must communicate to the office if there is specific information you would not like communicated via email.
- The office is not responsible for information loss due to technical failures associated with the patient's email software or internet service providers.

PATIENT ACKNOWLEDGMENT AND AGREEMENT

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communication of email between the office and me, and consent to the conditions outlined therein, as well as any other instructions that the office may impose to communicate with patients by email. I acknowledge the right of Lakeview Plastic Surgery to withdraw the option of communicating through email. Any questions I have were answered.

Patient Name: _____

Patient Email: _____

Patient Signature: _____ Date: _____



LAKEVIEW PLASTIC SURGERY

Alison Shore, MD

Notice of Electronic Medical Record and Patient Confidentiality

Lakeview Plastic Surgery has implemented an electronic medical record (EMR) system for the organization and management of your medical information. This medical record is used to plan your care and treatment and be a source of your health information.

An EMR system used at Lakeview Plastic Surgery is affiliated with Presence Saint Joseph Hospital (2900 N. Lake Shore Drive, Chicago, Illinois 60657), and complies with all Health Information Portability and Accountability Act regulations. As such, your medical record is accessible to other health care providers with access to this EMR system. It is illegal for personnel other than those directly involved in your care (e.g., primary care physician, specialist, nurse coordinator) to access your medical record without your express written permission.

Our EMR is designed to enhance medical record-keeping, promote patient safety, and safeguard protected health information (PHI). However, if you have concerns regarding privacy, we are happy to discuss these concerns.

Thank you for visiting us. We look forward to caring for you!

I have read the above statement and understand its meaning, and give permission for Lakeview Plastic Surgery to utilize the aforementioned EMR for my medical record-keeping.

Signature: _____

Date: _____

Name: _____