

Online Communication Agreement

Casa Verde Pediatrics, Inc.

Online communication is a form of communication using 'secure' web sites or e-mail applications that apply appropriate encryption technology designed to protect the transmission of confidential information. Online communication is an additional option for communication and it is not meant to replace other forms of communication with the office.

Please initial each item on the line provided.

- _____ The details of online communication have been explained to me in terms I understand.
- _____ Alternative methods of communications (i.e. telephone, fax, in-person, mail) are still available to me.
- _____ I understand that all medical communications carry some level of risk. While the likelihood of risks associated with the use of online communication in a secure environment is substantially reduced, the risks are nonetheless real and very important to understand. These risks include, but are not limited to:
- It is easier for online communication to be forwarded, intercepted or even changed without my knowledge.
 - Online communication is easier to falsify than handwritten or signed hard copies. Back-up copies may exist on a computer or in cyberspace even after both of us have deleted our copies.
 - I will use a secure network. I will not use standard e-mail or e-mail systems provided by employers. I understand that employers have the right to inspect and keep online communication transmitted through their system.
 - Online communications become part of my medical record.
- _____ I agree to take precautions to keep online communication confidential, including but not limited to the following:
- I will keep my password confidential
 - I will not store messages on an employer-provided computer
 - I will not leave messages on my screen for others to read
 - I will review my messages before sending them to make sure that they are clear and that all relevant information is included.
 - I will update my contact information as soon as it changes.
- _____ I understand that I am responsible for taking steps to protect myself from unauthorized use of online communication. The doctor is not responsible for breaches of confidentiality caused by an independent third party or me.
- _____ I agree to follow the procedures that the doctor implements to allow her to verify my identity in connection with online communication. I acknowledge that failure to comply with these procedures may terminate our online communications
- _____ **I understand that online communication cannot be used for emergencies or time sensitive matters**
- _____ I understand that online communication cannot be used to communicate highly sensitive medical information such as treatment for, or information related to HIV/AIDS, sexually transmitted diseases or addiction treatment (alcohol, drugs, etc)
- _____ I have informed the doctor of other treatments I do not want transmitted via online communications

- _____ I understand that it is my responsibility to determine if an unanswered online communication was received
- _____ I acknowledge that I have read and fully understand this consent form, including the risks associated with the online communication
- _____ I understand that failure to comply with any of the previous terms may lead to me no longer being able to use the online communication tools.
- _____ The doctor or office staff has answered all of my questions

Again, please note that online communication should never be used for emergency communications or urgent requests. These should occur via telephone or by using existing emergency communication tools.

I certify that I have read and understand this agreement and that all blanks were filled in prior to my signature

For online communication between: Casa Verde Pediatrics, Inc. and

Patient's Name

Patient/ Guardian Signature

Relationship

Patient's Name

Date

Email Address (Only one per family please) *

Contact number

*Parent/Guardian is responsible for any email address changes with Casa Verde Pediatrics, Inc. Please call us and notify us of any changes for your email address.

I certify that I have explained the nature of this agreement to the patient/ legal representative I have answered all questions fully, and I believe that the patient/legal representative fully understands what I have explained

Physician Signature

Date