

RUSSELL DENEVA, MD, LLC

EMAIL CONSENT FORM

As a supplement to your in-office appointments, you may use email to communicate with my practice. Your decision to utilize email is strictly voluntary and your consent may be rescinded at any time.

When should I NOT use email to communicate with Dr. Denea?

- In an emergency
- If you are experiencing any desire to harm yourself or others
- If you are experiencing a severe medication reaction
- If you need an immediate response

What are some of the risks of using email?

- Email may be seen by unintended viewers if addressed incorrectly
- Someone posing as you could access your information.
- There is a risk that emails may not be received by either party in a timely matter as it may be caught by junk/spam filters
- Emails are discoverable in litigation and may be used as evidence in court.
- Emails can be intercepted by hackers and redistributed, or stored by unintended recipients
- There may be an unanticipated time delay between messages being sent and received

What happens to my messages?

- Emails will be printed out and maintained as a permanent part of your medical record
- As part of your permanent record, they will be released along with the rest of the record upon your authorization or when the doctor is otherwise legally required to do so.
- Messages may be seen by staff for the purpose of filing or carrying out requests (e.g., appointment scheduling) or when Dr. Denea is away from the office.

What are my obligations?

- I must let Dr. Denea know immediately if my email address changes.
- If I do not receive a response from Dr. Denea in the expected time frame, I will contact him by telephone if a response is needed.
- I will advise Dr. Denea in writing should I decide that I would prefer not to continue communicating via email

CONSENT TO EMAIL USE

By signing below, I consent to the use of email communication between myself and Dr. Denea. I recognize that there are risks to its use, and that there is no real confidentiality. I understand and accept those risks and the policies for email use outlined in the form. I further agree to follow these policies and agree that should I fail do so, Dr. Denea may cease to allow me to use email to communicate with him. I also understand that I may withdraw my consent to communicate via email at any time by notifying Dr. Denea in writing.

Name of Patient/Guardian

Date

Signature of Patient/Guardian

Email Address