Acknowledgement of Online Interaction Policy

PATIENT ACKNOWLEDGEMENT AND CONSENT TO ONLINE INTERACTION POLICIES:
I wish to use Internet-based communications, registration and other Internet-based modes of interaction to facilitate my receipt of health care from this practice.

Benefits and Risk: I understand that the benefits on Online Interaction including being able to take advantage of the expertise of a provider who may not be physically available to provide health care, and access to sources of information suggested by my own provider. I understand that there are potential risk associated with receiving health care through Online Interaction, including for example, timeliness of the interactions and the inability of a physician to give me a complete physical examination. Consequently, there is a rick that a provider may not be able to determine the proper diagnosis and treatment based upon Online Interaction. I understand that the practice specifically reserves the right to withhold conclusions of diagnosis and/or recommendations for treatment based upon information obtained via Online Interaction in the absence of an in-person encounter, and that I am not to interpret any comments of my provider(s) or the staff as a diagnosis or specific treatment instruction under those conditions, unless my personal provider specifically indicates that I should. I understand that general information to which my provider(s) may refer me or that which may be available on their Web sites, is not to be used for purposes of self- diagnosis or self-treatment, and to the extent that I do so I release my provider(s) and the practice and hold them harmless.

Confidentiality and Security Information: I understand that all state and federal rules and regulations governing confidentiality of my medical records and access to my Personally Identifiable Health Information (including my ability to obtain copies of my records) will apply to services provided through Online Interaction and to the electronic transmission and storage of my Personally Identifiable Health Information. I understand the my provider(s) and the practice will not give any images or information that identifies me and was obtained through Online Interaction to other entities without my consent unless permitted to do so under applicable laws or unless required to do so as part of a legal action. I have read and understand the privacy policy of the practice as published on its website.

I understand that when I conduct Online Interaction with the practice staff, I am subject to the privacy, confidentiality, and information security policies of those third parties and I have had the opportunity to review said policies. I understand that despite best efforts of all involved parties, there remains some amount of risk of inappropriate disclosure of my personal information, and I agree to hold the practice harmless for such disclosures when they occur as the result of acts or omissions of third parties.

Electronic Mail: I understand and agree that I am not to use the secure messaging service in emergency or other time-critical situations. I understand that the practice and its providers discourage the use of standard e-mail for communicating about personal health issues, because standard e-mail is not a secure communications mechanism and does not provide structured forms of communication. Instead, the practice uses a secure, healthcare-oriented messaging service from Waiting Room Solutions, LLC. I understand that while I should not use regular e-mail to communicate to my provider and his/her staff about personal health matters, standard e-mail may be used by the practice for purposes such as sending me notification of new messages that have been sent to my secure mailbox, or non-personal types of communications such as informing me of changes to office policies. I understand and agree that I am to use appropriate language and tone in my messages and other Online Interaction, and particular I am to avoid any language that abuses, mocks, belittles, or attacks the recipient or is in any way libelous to third parties. According to the Privacy Act of 1974 and court rulings, employers

generally have the legal right to access any e-mail received or sent by a person at work. I understand generally that I should not communicate with the practice (including my provider(s) and staff, and including via standard e-mail) using computers or networks of my employer. I understand the online communications alone are not sufficient for proper medical care. I understand that my physician may refuse to continue online discussion of a condition when he/she believes an in-person encounter is appropriate. I understand that in no case should I expect my provider to deliver a conclusion of diagnosis, a recommendation for treatment, or a prognosis regarding a complaint or symptom for which I have not been seen in person, or regarding a condition for which I have not seen in person within the previous 20 days. I understand that I am to keep copies of messages received from my provider. I understand that my provider will retain copies of our communications with in my medical record. I understand that if my username and password is obtained by another individual, including an unauthorized family member, I am to notify the practice immediately and at the earliest opportunity should return to the practice or its website to establish a new username and password.

Provider May Discontinue the Online Relationship: I understand that my provider may discontinue his or her Online Interaction with me under any circumstance in which he or she believes that I have used Online Interaction in a manner that is inconsistent with his or her policies as stated herein. I understand that I will be notified of such termination of Online Interaction Ownership of Information. I understand that neither the practice the practice nor my provider(s) make any claim of legal ownership of the electronic information that is exchanged via Online Interaction and stored by third –party providers of inline services. I also understand that there are no current conclusions of law that would hold that the information is legally owned by me, by the practice, my provider(s), or the vendors of the online services used to create and store the information. However, I understand that I do have rights of access to the information, and rights of refusal to disclosures of the information. Consent I hereby consent to obtaining some aspects of my health care from the practice using Internet-based communications or other Internet-based modes of interaction (Online Interaction), and I further consent to the electronic transmission and storage of my Personally Identifiable Health Information. I understand that I may withdraw this consent at any time without affecting my right to future care or treatment or risking loss or withdrawal of any program benefits to which I would otherwise be entitled. My provider has provided me with the opportunity to discuss and to question the issues, risks, and policies set forth in this consent form. I fully understand the information provided.

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Patient Name

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Patient/Guardian Signature

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Date