



PATIENT CONSENT FOR USE OF ELECTRONIC MAIL

1. RISK OF USING E-MAIL

RMA NORCAL offers patients the opportunity to communicate with clinicians by e-mail. Transmitting patient information by e-mail, however, has a number of risks that patients should consider before giving consent. These risks include, but are not limited to:

- a. E-mail can be circulated, forwarded, and stored in numerous paper and electronic files.
- b. E-mail can be immediately broadcast worldwide and be received by both intended and unintended recipients.
- c. E-mail senders can misaddress e-mail.
- d. E-mail can be more easily falsified than handwritten or signed documents.
- e. Backup copies of e-mail may exist even after the sender or the recipient has deleted his or her copy.
- f. Employers and on-line services have a right to archive and inspect e-mails transmitted through their systems.
- g. E-mail can be intercepted, altered, forwarded, or used without authorization or detection.
- h. E-mail can be used to introduce viruses into computer systems.
- i. E-mail can be used as evidence in court.

2. CONDITIONS FOR THE USE OF E-MAIL

RMA will use reasonable means to protect the security and confidentiality of e-mail information sent and received. However, because of the risks outlined above, RMA cannot guarantee the security and confidentiality of e-mail communication, and will not be liable for improper disclosure of confidential information that is not caused by Provider's intentional misconduct. Thus, patients must consent to the use of e-mail for patient information. Consent to the use of e-mail includes agreement with the following conditions:

- a. RMA may forward e-mails internally to RMA's staff and agents as necessary for diagnosis, treatment, reimbursement, and other handling. RMA will not, however, forward e-mails to independent third parties without the patient's prior written consent, except as authorized or required by law.



- b. Although RMA will endeavor to read and respond promptly to e-mail from the patient, RMA cannot guarantee that any particular e-mail will be read and responded to within any particular period of time. Thus, the patient shall not use e-mail for medical emergencies or other time-sensitive matters.
- c. If the patient's e-mail requires or invites a response from RMA and the patient has not received a response within a reasonable time period, it is the patient's responsibility to follow up to determine whether the intended recipient received the e-mail and when the recipient will respond.
- d. The patient should not use e-mail for communication regarding sensitive medical information, such as information regarding sexually transmitted diseases, AIDS/HIV, mental health, sexually transmitted diseases, issues of abuse, developmental disability, or substance abuse.
- e. The patient is responsible for informing RMA of any types of information the patient does not want to be sent by e-mail, in addition to those set out in (e) above.
- f. The patient is responsible for protecting his/her password or other means of access to e-mail. RMA is not liable for breaches of confidentiality caused by the patient or any third party.
- g. RMA shall not engage in e-mail communication that is unlawful, such as unlawfully practicing medicine across state lines.
- h. It is the patient's responsibility to follow up and/or schedule an appointment if warranted.

3. INSTRUCTIONS

To communicate by e-mail, the patient shall:

- a. Limit or avoid use of his/her employer's computer.
- b. Inform RMA of changes in his/her e-mail address.
- c. Put his/her name in the body of the e-mail.
- d. Include the category of the communication in the e-mail's subject line, for routing purposes (e.g., billing question).
- e. Review the e-mail to make sure it is clear and that all relevant information is provided before sending to Provider.



- f. Inform RMA that the patient received e-mail from RMA.
- g. Take precautions to preserve the confidentiality of e-mails, such as using screen savers and safeguarding his/her computer password.
- h. Withdraw consent only by e-mail or written communication to Provider.

Patient name (please print): _____ DOB: _____

Partner name if applicable: _____ DOB: _____

Patient email address: _____ Partner email address: _____

PATIENT ACKNOWLEDGEMENT AND AGREEMENT:

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communication of e-mail between Provider and me, and consent to the conditions outlined herein. In addition, I agree to the instructions outlined herein, as well as any other instructions that Provider may impose to communicate with patients by e-mail. Any questions I may have had were answered.

Patient Signature: _____ Partner Signature (if applicable): _____

GENERAL EMAIL COMMUNICATION OPT IN:

If you're interested in receiving email communication from RMA NORCAL regarding general RMA updates and announcements, learn about new scientific and educational information, or to be asked to participate in customer satisfaction surveys please opt-in and provide an email address for non-personal communication with RMA. Your privacy is very important to us and your email will not be shared outside of RMA.

Patient Signature: _____ Date: _____

Partner Signature (if applicable): _____ Date: _____