

SAMPLE POLICY/CONSENT FORM FOR PRACTICE EMAIL

XYZ MEDICAL GROUP PHYSICIAN-PATIENT EMAIL COMMUNICATION POLICY

To better serve our patients, XYZ Medical Group has established an email address our patients may use to communicate with the practice and its physicians. It is just one of several communication options we make available to our patients.

Our Policy: Patients of XYZ Medical Group have the option of communicating with our physicians, physician assistants and nurse practitioners (list names as appropriate) by email. Prior to doing so, we ask that you review this policy sheet and sign it below.

Please note that copies of all email communications between you and this practice will be placed in your medical records and treated like other information contained there.

When sending an email to this practice, use our email address, info@xyzmedicalgroup.com. Please include your full name and patient ID. (Many email programs don't automatically include your name.) In addition, please include the subject of your message in the subject line, so your email may be processed and routed efficiently.

You may email us for routine matters that do not require an immediate response. Do NOT use email communication in emergency or urgent situations. Please use the office phone, XXX-XXX-XXXX, or dial "9-1-1." Also, for your privacy, some issues (e.g., AIDS or HIV, mental health, substance abuse, work-related injuries or disability) are not appropriate for email discussion. Communication appropriate for email include: scheduling, billing or insurance questions, test and lab results, prescription refill requests, and non-urgent medical advice.

XYZ Medical Group will send you an automatic notice when your email has arrived. If you don't receive this notice within ____ (specify applicable length of time, e.g., two business days), please call the main office. Also, any email sent to you by XYZ Medical Group will arrive with return receipt requested, so we will know when you received it. Our physicians generally answer emails within ____ (specify length of time, e.g., two business days). If you need a quicker answer, please call the main office rather than emailing us. If the physician you are emailing is out of the office and unable to answer your email in the normal timeframe, we will automatically alert you.

XYZ Medical Group is committed to keeping your medical information private, including any information sent to us by email. However, email security cannot be guaranteed as messages are transmitted via the Internet. For that reason, please do not use email for anything you want kept confidential.

If you have any questions about these policies, please ask _____ (Dr. X, the office manager or one of the other staff, as appropriate). If you understand our email policy and would like to add email to the ways you communicate with us, please sign and date below and return it to our office staff.

Signed _____ Date _____

[Note: this sample form reflects the AMA Guidelines for Physician-Patient Electronic Mail, AMA Policy: H-478.997.]



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Information provided is offered solely for general information and educational purposes. It is not offered as, nor does it represent, legal advice. Neither does it constitute a guideline, practice parameter or standard of care. You should not act or rely upon this information without seeking the advice of an attorney.

If you would like to discuss a particular situation, please contact our risk management division at 1-888-336-2642 or riskmanagement@psicinsurance.com.