

Informed Consent for Physician-Patient Electronic Communication

I, _____, agree to the use of electronic communication, including electronic mail, in my interactions with Saadia Alizai-Cowan, M.D. In terms of this form of communication with Dr. Alizai-Cowan, I understand and agree with the AMA Guidelines (H-478-997) as outlined below, with the 'physician' referring to Dr. Alizai-Cowan and 'patient' referring to myself:

"New communication technologies must never replace the crucial interpersonal contacts that are the very basis of the patient-physician relationship. Rather, electronic mail and other forms of Internet communication should be used to enhance such contacts. Patient-physician electronic mail is defined as computer-based communication between physicians and patients within a professional relationship, in which the physician has taken on an explicit measure of responsibility for the patient's care."

I agree to the following highlighted items in relation to any electronic communication with Dr. Alizai-Cowan:

1. Although email will be reviewed regularly by Dr. Alizai-Cowan, it will not be utilized for urgent matters or for emergency situations.
2. Email will serve only as an adjunct to regular appointments and verbal communication.
3. Every effort will be made to secure patient privacy. I understand that as far as Dr. Alizai-Cowan is aware, she is the only individual capable of accessing the email messages, as her e-mail and computer are password protected. Dr. Alizai-Cowan will not forward patient identifiable information to a third party without my express permission. Dr. Alizai-Cowan will never use my email address in a marketing scheme. Dr. Alizai-Cowan will not share the professional email account with family members. She will not use unencrypted wireless communications with patient-identifiable information. Dr. Alizai-Cowan will double-check all "To" fields prior to sending messages.
4. Dr. Alizai-Cowan is not responsible for any tampering, interference, or unauthorized activity involving this electronic communication.
5. Dr. Alizai-Cowan is not responsible for information lost due to technical failures.
6. I waive the encryption requirement.
7. Whenever possible and appropriate, Dr. Alizai-Cowan will retain electronic and/or paper copies of email communication with patients.
8. Email communications will be restricted to non-emergent prescription refill requests, appointment logistics (scheduling, billing), and medical information of a brief nature. I understand that email communication will not be an appropriate venue for sensitive subject matter.
9. I understand that phone calls and office visits are the preferred mode of communication and that every effort will be made to utilize these forms of communication in lieu of email communication.
10. I understand that email messages should be concise and infrequent.
11. I will put the category of transaction in the subject line of the message: prescription, appointment, billing, etc.
12. I will put my name and additional identifying information in each message.
13. I will acknowledge receipt and reading of Dr. Alizai-Cowan's email communication through a return message.
14. I understand that Dr. Alizai-Cowan may terminate email as a mode of communication with me anytime she deems it appropriate.
15. The policies and procedures for email may be applied to facsimile communications, where and when appropriate.

I have received, reviewed, and agree with the content of this consent, as well as the American Medical Association H-478.997 Guidelines for Patient-Physician Electronic Mail.

Patient Signature

Date