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PATIENT EMAIL AND TEXT CONSENT FORM

PATIENT'S NAME		DOB	
EMAIL		CELL PH	
IF APPLICABLE:			
GUARDIAN NAME		RELATIONSHIP	
GUARDIAN EMAIL			

I. RISK OF USING EMAIL AND TEXT

Transmitting patient information by email or text has a number of risks that patients should consider. These include, but are not limited to, the following:

- Email and text can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.
- Email or text senders can easily misaddress an email or text.
- Backup copies of email or text may exist even after the sender or the recipient has deleted his or her copy.
- Employers and on-line services have a right to inspect email and texts transmitted through their systems.
- Email and texts can be intercepted, altered, forwarded, or used without authorization or detection.
- Email and texts can be used to introduce viruses into computer systems.

II. CONDITIONS FOR THE USE OF EMAIL AND TEXT

The Provider cannot guarantee but will use reasonable means to maintain security and confidentiality of email or text information sent and received. The Patient and Provider must consent to the following conditions:

- Email and text are not appropriate for urgent or emergency situations. The Provider cannot guarantee that any particular email or text will be read or responded to.
- Email and text must be concise. The Patient should schedule an appointment if the issue is too complex or sensitive to discuss via email or text.
- Email and text communications between patient and provider may be filed in the Patient's permanent medical record.
- The Patient's messages may also be delegated to another provider or staff member for response. Office staff may also receive and read or respond to patient messages.
- The Provider will not forward patient-identifiable emails or texts without the Patient's prior consent, except as authorized or required by law.
- The Patient should not use email or text for communication regarding sensitive medical information.
- It is the Patient's responsibility to follow up and/or schedule an appointment if warranted.

- **Recommended uses of patient-to-provider email or text should be limited to:**
 - Appointment requests
 - Prescription refills
 - Requests for information
 - Non-urgent health care questions
 - Updates to information or exchange of non-critical information such as laboratory values, immunizations, etc.

III. INSTRUCTIONS

To communicate by email or text, the Patient shall:

- Avoid use of his/her employer’s computer.
- Put the Patient’s name in the body of an email.
- Put the topic (e.g. medical question, billing question) in the subject line.
- Inform the Provider of changes in the Patient’s email address or mobile phone number.
- Take precautions to preserve the confidentiality of email and text.
- Contact the Provider’s office via conventional communication methods (phone, fax, etc.) if the patient does not receive a reply within a reasonable period of time.

IV. PATIENT ACKNOWLEDGMENT AND AGREEMENT

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communication of email and text between the Provider and me. I consent to the conditions and instructions outlined here, as well as any other instructions that the Provider may impose to communicate with me by email or text. I agree to use only the pre-designated email address and mobile number specified above. Any questions I may have had were answered.

- I authorize Steven Locke MD to contact me using the email address provided above (including my name, information regarding account balance, appointment information, and instructions for accessing the patient portal).
- I authorize Steven Locke MD to contact me using text messaging using the mobile number provided above (including my name, information regarding my account balance, and appointment information).
- I do not wish to be contacted by email.
- I do not wish to be contacted by text messaging.

SIGNATURE OF PATIENT OR GUARDIAN

DATE



SIGNATURE OF PROVIDER

DATE