UCI Health

CENTER FOR AUTISM
& NEURODEVELOPMENTAL DISORDERS

Patient Name:
DOB:
MRN#:

E-mail Consent Form

My healthcare provider and I have agreed to correspond using electronic mail (e-mail). This form provides guidelines for the intended use of this type of communication, and documents my consent.

IN A MEDICAL EMERGENCY, DO NOT USE E-MAIL. CALL 911.

1. E-mail Use:

   Generally, UC Irvine Health will limit the use of email correspondence to established patients who are adults 18 years of age or older, or the legal representatives of established patients.

2. Privacy and Confidentiality:

   E-mail like a postcard can be viewed by unintended persons.
   E-mail can also be circulated, forwarded and stored in paper and electronic files.
   Backup copies may exist even after the sender and recipient have deleted his/her copy
   Discuss with your provider who will process your e-mail messages during business hours, vacations or illness.
   Emails may be intercepted, altered, forwarded or used without authorization or detection.
   All e-mails regarding your care will be included in your medical record.

3. Creating a Message:

   On the "Subject" line, include the general topic of the message, for example, "Prescription" or "Appointment" or "Advice". In the body of the message, include your name and your identification number (Medical Record Number or **MRN)** or your date of birth.

4. Content of the Message:

   E-mail should be used only for non-sensitive and non-urgent issues. Types of information appropriate for e-mail include:

   a. Questions about prescriptions
   b. Routine follow-up inquiries
   c. Appointment scheduling
   d. Reporting of self-monitoring measurements, such as blood pressure and glucose determinations.

   According to the California law, your provider may not communicate any lab results unless your e-mail correspondence is conducted through a secure server. Additionally, e-mail must never be used for results of testing related to HIV, sexually transmitted disease, hepatitis, drug abuse or presence of malignancy, or for alcohol abuse or mental health issues.

5. Response Time:

Discuss with your provider the expected time in which to receive a response. If the expected time is exceeded, call your provider at the phone number below.

6. Ending E-mail Relationship:

Either you or your provider may request, via e-mail or letter, to discontinue using e-mail as a means of communication.

7. Disclaimer:

UC Irvine Health is not responsible for e-mail messages that are lost due to technical failure during composition, transmission and/or storage.

I understand that UC Irvine Health has a secure messaging system for communication with patients. However I would like to communicate with my provider via email. I have read and understand the information above, and had any questions answered to my satisfaction. I agree to the above guidelines for e-mail communication.

☐ I authorize the use of encrypted e-mail to communicate with me
☐ I authorize the use of unencrypted e-mail to communicate with me

Date	Signature of patient, parent or personal representative	Relationship (if other than patient)

Patient E-mail address (please print): _____

Provider Name: _____ Phone Number: _____

Provider E-mail address (please print): _____