



# Boston Children's Health Physicians

Until every child is well<sup>SM</sup>

formerly CWPW

E-mail offers an easy and convenient way to communicate but is not the same as calling your physician's office. You can't tell when your message will be read or responded to, or even if your doctor is readily available or on vacation. Children's and Women's Physicians of Westchester LLP ("BCHP") will communicate with our patients (or their parents or guardians) by email only if we receive your agreement to the terms set forth in this Consent. Your consent to these terms will apply to all BCHP clinical providers as well as non-clinical personnel of BCHP who are involved in your care, scheduling, billing and other activities.

- **Use of e-mail is never appropriate for urgent or emergency health problems!** You must call your physician's office or go to a hospital Emergency Department.
- **BCHP WILL NOT ENGAGE IN OR RESPOND TO TEXT MESSAGING BY USE OF A CELL PHONE OR SIMILAR MOBILE DEVICE.**
- E-mail is not to be used as a substitute for face-to-face medical consultation with your physician and is at your physician's sole discretion.
- E-mail is appropriate for communicating regarding routine matters that don't require a lot of discussion, such as prescription refill requests, referral and appointment scheduling requests and billing/insurance questions. BCHP may utilize e-mail at its discretion to send you information about our practice and services, including appointment reminders, our patient programs and new services.
- Your use of e-mail is not confidential and it may not be encrypted. It is like sending a postcard through the mail. Our staff (clinical and non-clinical) may read your e-mails in the course of their work duties. If you send e-mails through a work email account, your employer may have the legal right to read your email.
- E-mail should never be used to communicate sensitive medical information, such as information regarding sexually transmitted diseases, AIDS/HIV, mental health, developmental disability, or substance abuse.
- E-mail may become a part of the medical record when it contains clinical information, and we believe it is appropriate to include it in the medical record. In such case, the message may be retained in the patient health record.
- By signing below, you represent to BCHP that (a) you are the patient or parent or guardian of **the minor child or person lacking capacity to consent to their treatment** listed below; (b) you are an authorized user of the listed email account, (c) you have authority to consent to our use of the account for communications concerning the patient; and (d) you accept full responsibility for monitoring the security of use of the email account on your end. You agree that BCHP will have no responsibility to use any measure to verify that the recipient or sender utilizing your email address is you.
- Either party can revoke permission to use the e-mail system at any time in writing.
- This email agreement **ONLY** covers the individual signing below. Each authorized representative of the patient must sign his own email Consent.

I wish to communicate by e-mail with BCHP concerning the patient listed below upon the terms of this Consent.

Patient Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Your E-mail Address: \_\_\_\_\_

Date: \_\_\_\_\_

Your state of residence: \_\_\_\_\_