

Children's Hospital of Pittsburgh of UPMC
Consent for Health Information
to be Communicated by Electronic Mail

Parent/Legal Guardian Name: _____

Patient Name: _____ Date of Birth _____

(If different from name provided above)

Address: _____

By signing below, I expressly permit Children's Hospital of Pittsburgh of UPMC, at its discretion, to communicate PHI for the above named patient, via email at the following email address: _____

Confirm email address: _____

1. E-MAIL RISKS AND YOUR RESPONSIBILITY

At the discretion of Children's Hospital of Pittsburgh of UPMC, its employees, medical staff, and agents (CHP) and upon your agreement to the terms outlined within this consent form, CHP may use e-mail to communicate with you. These e-mails may contain your/your child's personal health information. If you agree to permit CHP to use e-mail to communicate with you, you should be aware of the following risks and/or your responsibilities:

- a) As the Internet is not secure or private, unauthorized people may be able to intercept, read and possibly modify e-mail you send or are sent by CHP.
- b) You must protect your e-mail account, password and computer against access by unauthorized people.
- c) Since e-mail can be used to spread viruses, some which cause e-mail messages to be sent to people who you do not intend to send e-mail messages to, you should install and maintain virus protection software on your PC.
- d) Since e-mails can be copied, printed and forwarded by people to whom you send e-mails, you should be careful regarding whom you send e-mails.

2. CONDITIONS FOR THE USE OF E-MAIL

By consenting to the use of e-mail with CHP, you agree that:

- a) CHP may forward e-mails as appropriate for diagnosis, treatment, reimbursement, and other related reasons. As such, CHP employees, medical staff and agents, other than the recipient, may have access to e-mails that you send. Such access will only be to such persons who have a right to access your e-mail to provide services to you. Otherwise, CHP will not forward e-mails to independent third parties without your prior written consent, except as authorized or required by law.
- b) Although CHP will try to read and respond promptly to your e-mails, CHP staff may not read your e-mail immediately. **Therefore, you should not use e-mail to communicate with CHP if there is an emergency or where you require an answer in a short period of time.**
- c) **If your e-mail requires or asks for a response, and you have not received a response within a reasonable time period, it is your responsibility to follow up directly with CHP.**
- d) You should carefully consider the use of e-mail for the communication of sensitive medical information, such as, but not limited to, information regarding sexually transmitted diseases, AIDS/HIV, mental health, developmental disability, or substance abuse.

- e) You should carefully word your e-mail messages so that the information that you provide clearly describes the information that you intend to convey.
- f) You are responsible for correcting any unclear or incorrect information, including a change in the above noted email address. .
- g) CHP reserves the right to save your e-mail and include your e-mail or information contained within your e-mail in your/your child's medical record.
- h) It is the patient's/parent's/legal guardian's responsibility to follow up and/or schedule an appointment if warranted or recommended by CHP.
- i) E-mails may not be the only form of communication that CHP will use to communicate with you. Additionally, CHP may decide that it is not in your/your child's best interest to continue to communicate with you by e-mail. In such case, CHP will notify you that it no longer intends to communicate with you by e-mail.

3. INSTRUCTIONS

- a) You shall immediately inform those individuals with whom you communicate with at CHP of changes in your e-mail address.
- b) You shall send e-mails only to such CHP e-mail addresses as instructed.
- c) You shall put the patient name and date of birth (used to verify your identity) in the body of the e-mail.
- d) Prior to sending the e-mail, you shall review the e-mail to make sure it is clear and that all relevant or requested information is provided.
- e) If you wish to withdraw your consent to communicate by e-mail, you must send an e-mail to all of the e-mail addresses (mailboxes) that you had previously communicated with.

4. ACKNOWLEDGMENT AND AGREEMENT

CHP will use reasonable means to protect the privacy of the patient's health information. However, because of the risks outlined above, CHP cannot guarantee that e-mail will be confidential. Additionally, CHP will not be liable in the event that you or anyone else inappropriately uses or accesses your e-mail. CHP will not be liable for improper disclosure of your health information that is not caused by CHP's intentional misconduct.

By signing to below, I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communications of e-mail between CHP and me, and consent to the conditions outlined herein, as well as any other instructions that CHP may impose to communicate with me by e-mail. Any questions I may have had were answered. I understand that this consent is valid until such time as I revoke the consent as outlined above, except to the extent that a person who is to make a communication has already acted in reliance upon this authorization.

Parent/Legal Guardian Signature _____

Date _____

CHP Representative Signature: _____

Date: _____