



29995 Technology Drive Ste 201  
Murrieta, CA 92563  
(951) 461-3021

## E-Mail Informed Consent

I have received and read a copy of the Notice of Privacy Practices

I may use e-mail communication

- To request prescription refills and appointments
- To request test results
- To request medical advice
- To share medical information with the doctor
- To discuss billing questions

I agree to comply with the following guidelines

- I will put the category of transaction in the subject line of the message for filtering: Prescription, Appointment, Medical Advice, and/or Billing questions
- I will put my full name and date of birth in the body of the message
- I will use an auto-reply feature to acknowledge reading the doctor's message
- I will try to keep message concise

I understand that

- E-mail communication cannot be guaranteed to be entirely secure or confidential and it is not always read in a short time period after it is sent, so the telephone should be used for more "urgent" communications.
- Office staff may process my messages during usual business hours
- Turn-around time for messages received from me during business hours will typically occur within 1 business day, except when the doctor is out of town or on vacation
- E-mails are printed and retained as a part of my medical records
- When e-mail messages become too lengthy or the correspondence is prolonged, I may be called or notified to come in to discuss the matter
- I may be reminded by An Optimal You when I do not adhere to the guidelines
- The e-mail relationship may be terminated if I repeatedly do not adhere to the guidelines
- Any liability of harm for any information loss due to technical failures is waved by An Optimal You

An Optimal You agrees:

- To provide automatic reply to acknowledge receipt of my messages
- To send new messages to inform me of completion of my request
- Not to send group mailings where recipients are visible to each other. Blind copy features are used.
- To have security systems in place, e.g., password-protected screen savers on all desktop work stations in every location that e-mail can be viewed
- E-mails will not be forwarded to any third party without my expressed permission
- That my e-mails account will never be used in any marketing schemes, nor shared with physician's family members
- That any patient identifiable information, social security numbers or birthdates are only sent via encryption if the communication is wireless

I will receive a copy of this e-mail informed consent and another is included in my medical record

Patient (Print Name): \_\_\_\_\_

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

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

Physician Signature: \_\_\_\_\_

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