E-mail Policy

Dr. Fred Pescatore and his staff recognizes that the use of electronic mail between clinicians and patients is a convenient and popular communication tool. The practice does not want to undermine the effectiveness of email, but Dr. Pescatore and his staff must ensure that certain parameters exist which protect the confidentiality of patients and insure the appropriate use of email.

If agreeing to e-mail exchange, you must agree to observe the following requirements:

Appropriate use for E-mail, but not limited to:
- Prescriptions/refills
- Patient educational material
- Request for test results to be faxed or scanned and e-mailed to you

Inappropriate use to include, but not limited to:
- Discussion of test results
- General medical advice

Urgent matters

Email communications are two-way communications. However, responses and replies to emails sent to or received by either you, Dr. Pescatore or one of his staff may be hours or days apart. So please keep in mind that there could be a delay in receiving treatment for an acute condition. If you have an urgent or an emergency situation, you should not rely solely on provider/patient email to request assistance or to describe the urgent or emergency situation. Instead, you should act as though provider/patient email is not available to you - and seek assistance by means consistent with your needs

Security and Privacy of E-mail

Do not use e-mail to send or request very sensitive information. Dr. Pescatore and his staff cannot and does not guarantee the privacy or security of any messages being sent over the Internet. There is the potential that e-mail sent over the Internet can be intercepted, and read by others. Additionally, you should be aware of and understand that if you use email provided by your employer any email sent on your employer’s system may be viewed by your employer. If this is of concern to you, you should not communicate with your provider through email.

Acknowledgment

I, ________________________________________ , have been informed of and understand the risks and procedures involved with using e-mail. I understand that the confidentiality of my
individually identifiable health information may be compromised when my individually identifiable health information is sent through electronic transmission via email. I agree to the terms listed above and I hereby voluntarily request the use of e-mail as one form of communication with my physician, and his/her associates.

Sign__________________________________        Date___________________

If signing on behalf of patient:
Patient's name___________________________   Relationship____________________