

# Electronic Communication Agreement [Template]

Electronic platforms used for healthcare communication include email, webmail, voicemail, open text messaging, encrypted text messaging, file transfer apps and online “portals.” Telemedicine applications typically involve real-time video conferencing and require a separate Agreement.

Devices for e-Communication include computers, tablets and smartphones. Files may also be shared on CD/DVDs and flash/USB drives.

## Advantages of Electronic Communication

- A convenient and effective way of connecting; many doctors and patients use it regularly
- Allows many questions and issues to be handled without a phone call or visit
- Messages can be sent and received without both parties needing to be online in real-time
- Messages can be saved, copied and forwarded; there is a record of what was sent
- Many systems are encrypted to protect privacy
- Many systems allow attachments, such as photographs or audio recordings

## Disadvantages of Electronic Communication

- Connections can fail; messages can be lost or sent to the wrong recipient; privacy breaches
- There may be no way to know if a message was received
- Typing mistakes; auto-correction errors
- If the receiving party is busy or their device is turned off, messages will not be seen promptly
- Criminals can send false messages or impersonate a patient or a provider
- There is no opportunity to clarify misunderstandings in real-time
- Messages sent by mistake can't be erased or retracted
- Messages can contain malware or viruses that can damage devices or steal information
- Some medical questions and issues can't be handled through electronic messaging

The attached template contains examples of content that would be appropriate for inclusion in a consent form. Providers should seek advice from an attorney in developing policies and forms.

# [MEDICAL PRACTICE NAME]

## Electronic Communication Policy

*[These are suggestions. This form needs to be individualized for the practice. Modify as appropriate.]*

**Access:** Our practice communicates electronically with patients through these channels:

[Phone and voicemail	_____]
[Website/Patient Portal	_____]
[Practice email	_____]
[Individual provider emails	_____]
[Text Messaging (SMS) number	_____]
[Telemedicine access	_____]

**Uses:** Our practice accepts electronic messages for these purposes:

**[General messages** like making or changing appointments, billing issues, or other questions that can be answered by an appropriate staff person.]

**[Appointment cancellation.** Please note that we need at least \_\_\_\_ business days' notice to cancel appointments.]

**[Prescription renewals (existing prescriptions).** Response time is typically \_\_\_\_ business days.]

**[Medical questions.** Some – but not all – medical questions can be handled by email. Discuss with your provider whether electronic communication is appropriate for you.]

**[Telemedicine options.** Our services and policies can be found at: \_\_\_\_\_]

**[Emergencies: DO NOT USE ELECTRONIC COMMUNICATIONS FOR EMERGENCIES. CALL 911!]**

**[Part of the record:** Messages with important content will be saved as part of your medical record.]

**[Security:** Take care when sending or reading messages that your own device is secure and private.]

**[Availability:** If you ask us to communicate electronically with you, we will assume that you check your messages at reasonable intervals. We can't guarantee that we will respond to your messages and we understand you can't guarantee that you will respond to ours. For important issues, telephone is best!]

**[Sensitive medical information:** Because electronic messages can't be guaranteed 100% secure, please don't put sensitive matters in messages without considering this. You have the right to ask us to use either *encrypted* or *unencrypted* email for your correspondence with us. However, unencrypted email has a higher risk of being intercepted and your private information obtained by an unauthorized party. Outgoing messages from our practice that contain sensitive information will be encrypted unless you specifically ask us not to.]

**[Opt-Out:** We may use electronic messaging to inform you about things related to our practice that we believe would interest you. If you don't want to receive electronic messages from us, just let us know.]

**[Changes:** If your email address or phone number changes, you need to let us know.

**[Non-essential uses:** We will only use your email address or phone number for important communications related to our practice. We will not give your email address or phone number to anyone who is not authorized.]

**[Mistakes:** Mistakes happen. If you believe you have received or sent a message by mistake, or one that contains errors, please let us know. Delete any messages that are not intended for you.]

**[Breach Notification:** Please notify us immediately if you become aware of a possible privacy or security event that affects your devices.]

**[Other risks:** In addition to those above, electronic communication can have other risks and disadvantages that might cause inconvenience or harm. Everyone using electronic communications needs to use good judgment about these valuable technologies and must remember that there are alternatives that would be better for some situations.]

**Acknowledgment and Agreement**

[I acknowledge that I have read this form. I understand that electronic (online) communication has risks, including possible risks not mentioned above as well as others. I agree to abide by the policies described above. I agree to use reasonable judgment with regard to any messages I send or receive. I do not have any unanswered questions about what this Agreement covers. I understand that I can change my choices at any time.]

Patient (or legal representative) name: \_\_\_\_\_

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

Email address to be used: \_\_\_\_\_

- I confirm that I control the privacy of this email address.
- I request standard/unencrypted email for all correspondence, including health-related information (not recommended).
- OR:  I request encrypted email for correspondence containing health-related information.