

PROVIDER/PATIENT EMAIL- INFORMATION & CONSENT FOR PATIENTS

You, _____(patient) agree that I, Megan Kasdorf, Mindfulness Administrator, may communicate with you via email. The address to use is:

mkasdorf@wisc.edu

Your email: _____

Please remember the following when you use email with me:

1. My response to your email may not be immediate. Do not use email for emergency problems - instead, please call me at 608/263-6090.
2. I will strive to respond within three business days. If you have not heard back within that time, you should telephone and leave a message.
3. Include in your subject line your name and a keyword or phrase about your message. Examples include "Advice Request," "Status Report," etc.

Please be assured that our email at the clinic is HIPAA compliant and secure.

If you use email provided by your employer, you should check with your employer about the security/ownership/privacy policy at your workplace. Your employer has the legal right to your email if s/he chooses.

Replies from me will come to the email address from which you sent the original message. You should not expect to be able to initiate email from one address and receive the reply at a different address.

If you share an email account with family members, then there is the possibility of revealing confidential information to others.

Most email is *not encrypted*, and therefore not absolutely private. Unauthorized access by outsiders is possible. Do not use email for discussion of sensitive issues, for example mental health issues, etc.

Please sign below to consent to the use of email to communicate with you. Your signature below will signify that you understand and agree to all of the above conditions on our use of email to communicate protected health care information. If you do not agree, we may not communicate in this manner.

Patient Signature

Date

Print Patient Name