

CONDITIONS FOR THE USE OF ELECTRONIC MAIL

Prior to giving Balboa Nephrology Medical Group (BNMG) consent to the use of e-mail, you must agree to the following conditions and instructions:

CONDITIONS

1. All e-mails to or from the patient (or representative) concerning diagnosis or treatment will be made part of the patient's medical record. Because they are part of the medical record, other individuals authorized to access the medical record as set out in the BNMG Notice of Privacy Practices will have access to those e-mails.
2. BNMG may forward e-mails to BNMG's personnel, medical staff and agents as necessary for the diagnosis, treatment, reimbursement, and other handling. BNMG will not, however, forward e-mails to independent third parties, except as authorized or required by law, without the patient's prior written consent.
3. Although BNMG will try to read and respond promptly to an e-mail from a patient, BNMG cannot guarantee that any particular e-mail will be read and responded to within any particular period of time. The patient should NOT use e-mail for medical emergencies or time-sensitive matters.
4. If the patient's e-mail requires or invites a response for BNMG and the patient has not received a response within a reasonable time period, the patient is responsible for following-up to determine whether the intended recipient received the e-mail and when the recipient will respond.
5. The patient should not use e-mail for communication regarding sensitive medical information, such as information regarding sexually transmitted diseases, AIDS/HIV, mental health, developmental disability, or substance abuse.
6. The patient is responsible for informing BNMG of any types of information the patient does not want to be sent by e-mail, in addition to those set out in #5 above.
7. The patient is responsible for protecting his/her password or other means of access to e-mail. BNMG is not liable for breaches of confidentiality caused by the patient or other third party.
8. BNMG shall not engage in e-mail communication that is unlawful, such as unlawfully practicing medicine across state lines.
9. It is the patient's responsibility to follow-up and/or schedule an appointment as necessary.

INSTRUCTIONS To communicate by e-mail, the patient shall:

1. Limit or avoid use of his/her employer's computer.
2. Inform BNMG of changes in his/her e-mail address.
3. Put the patient's name in the body of the e-mail.
4. Include the category of the communication in the e-mail's subject line for routing purposes, such as "billing questions".
5. Review the e-mail to make sure it is clear and that all relevant information is provided before sending it to BNMG.
6. Inform BNMG that patient received e-mail from BNMG.
7. Take precautions to preserve the confidentiality of e-mails, such as using screen savers, safeguarding passwords.
8. Withdraw consent for use of e-mail by written communication to BNMG.



E-MAIL AUTHORIZATION FORM

Balboa Nephrology Medical Group (BNMG) offers patients or their legally authorized representatives the opportunity to communicate with staff by e-mail. Transmitting patient information by e-mail, however, has a number of risks that patients or their representatives should consider before giving their consent.

RISKS These risks include, but are not limited to:

1. E-mail can be circulated, forwarded and stored in numerous paper and electronic files.
2. E-mail can be immediately broadcast worldwide can be received by both intended and unintended recipients.
3. E-mail senders can misaddress e-mail.
4. E-mail can be more easily falsified than handwritten or signed documents.
5. Backup copies or e-mail may exist even after the sender or the recipient has deleted his or her copy.
6. Employers and on-line services have a right to archive and inspect e-mails transmitted through their systems.
7. E-mail can be intercepted, altered, forwarded, or used without permission or detection.
8. E-mail can be used to introduce viruses into computer systems.
9. E-mail can be used as evidence in court.

CONDITIONS BNMG will use reasonable means to protect the security and confidentiality of e-mail information sent and received. However, because of the risks outlined above, BNMG cannot guarantee the security and confidentiality of e-mail communications, and will not be liable for improper disclosure of confidential information that is not caused by BNMG acts or omissions. In order for patients or their representatives to consent to the use of e-mail for patient information, consent to the use of e-mail includes agreement with the conditions and instructions set out in the attached "Conditions for the Use or Electronic Mail".

ACKNOWLEDGEMENT AND AGREEMENT I acknowledge that I have read and fully understand the Authorization and Conditions for the Use of Electronic Mail. I understand the risks associated with the communication of e-mail between BNMG and me, and consent to the terms and conditions outlined herein. In addition, I agree to the instructions outlined herein, as well as any other instructions that BNMG may impose to communicate with patients by e-mail. Any questions I may have had were answered. If I wish to rescind my e-mail authorization, I will do so in writing to any person or department at BNMG with whom I correspond electronically.

E-mail address (Print clearly): _____

Signature of Patient or Legal Representative

Date

Patient's Name (Print)

Name of Legal Representative (if applicable and relationship to patient)

Staff Signature and Date: