

Dominique Samuels, PsyD

PSY23442

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Patient Name: \_\_\_\_\_ Email Address:

\_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Phone Number:  
\_\_\_\_\_

Dr. Samuels offers her patients the opportunity to communicate by email. This form provides information about the risks of email, guidelines for email communication and how she will use email communication. It also will be used to document your consent to communicate by email.

#### RISKS

Communication by email has a number of risks which include, but are not limited to, the following:

- o Email can be circulated, forwarded and stored in paper and electronic files.
- o Backup copies of email may exist even after the sender or the recipient has deleted his/her copy.
- o Email can be received by unintended recipients.
- o Email can be intercepted, altered, forwarded or used without authorization or detection.
- o Email senders can easily type in the wrong email address.
- o Email can be used to introduce viruses into computer systems.

#### HOW SHE WILL USE E-MAIL

- 1) She will limit email correspondence to established patients who are adults 18 years or older, or the legal representatives of established patients.
- 2) She will use email to communicate with you only about non-sensitive and non-urgent issues such as:
  - o Referrals, reminders, homework assignments,
  - o Routine follow-up questions,
  - o Appointment scheduling, and/or
  - o Billing questions.
- 3) All emails to or from you will be made a part of your medical record. You will have the same right of access to such emails as you do to the remainder of your medical file.
- 4) \_\_\_\_\_

IN A MEDICAL EMERGENCY, DO NOT USE EMAIL...CALL 911. Also, do not use email for urgent problems. If you have an urgent problem, call or go to an urgent care facility.

#### GUIDELINES FOR EMAIL COMMUNICATION

- 1) Include the general topic of the message in the "subject" line of your email. For example, "advice," "appointment" or "billing question."
- 2) The email message should not be time-sensitive. While we try to respond to email messages daily, it may take up to three (3) working days for us to respond to your message. Urgent messages or needs should be relayed to us using regular telephone communication.
- 3) Include your name and phone number in the body of the message.
- 4) Review your message to make sure it is clear and that all relevant information is included before sending.
- 5) Send us an email confirming receipt of our message after you have received and read an email message from us.
- 6) If your email requires a response and you have not heard back within three (3) working days, call the office to determine if the email was received.
- 7) Take precautions to protect the confidentiality of email, such as safeguarding your computer password and using screen savers.
- 8) Inform us of changes in your email address.

#### CONSENT

I, \_\_\_\_\_,  
(print name)  
am:

- \_\_\_\_\_ a) an established patient of Dr. Samuels  
\_\_\_\_\_ b) the legal representative of an established patient,

\_\_\_\_\_  
(print patient's name)

I may want to communicate with Dr. Samuels by email. I understand the risks of communicating by email, in particular the privacy risks explained in this form. I understand that she cannot guarantee the security and confidentiality of email communication. Dr. Samuels will not be responsible for messages that are not received or delivered due to technical failure, or for disclosure of confidential information unless caused by intentional misconduct.

I understand that I may also communicate with Dr. Samuels by telephone or during a scheduled appointment, and that email is not a substitute for care that may be provided during an office visit. Appointments should be made to discuss any new issues or any sensitive medical information.

I understand that either I or Dr. Samuels may stop using email as a means of communication upon my written request.

I understand that I may revoke this consent at any time by so advising Dr. Samuels in writing. My revocation of consent will not affect my ability to obtain future care nor will it cause the loss of any benefits to which I am otherwise entitled.

I have read and understand this form. I have had the opportunity to ask questions and my questions have been answered to my satisfaction. I understand and agree with the information contained in this form and give my consent for email communications to and from Dr. Samuels.

\_\_\_\_\_ (print name)

\_\_\_\_\_ (signature)

\_\_\_\_\_ (date)