

Antonio M. Bird, M.D., P.A.

5B Doctors Park
Asheville, NC 28801
(828) 232-1994

Patient name: _____

Patient email address: _____

Because I take physician-patient confidentiality seriously, I ask that any patients or prospective patients review the following information regarding communicating by email. My intention is to maintain the confidentiality of email information sent and received. However, I cannot guarantee it.

Risk of using email: Transmitting patient information by email has a number of risks that patients should consider before using email. These include, but are not limited to, the following risks:

- a) Email can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.
- b) Email senders can easily misaddress an email.
- c) Backup copies of email may exist even after the sender or the recipient has deleted his or her copy.
- d) Employers and on-line services have a right to inspect email transmitted through their systems.
- e) Email can be intercepted, altered, forwarded, or used without authorization or detection.
- f) Email can be used to introduce viruses into computer systems.
- g) Email can be used as evidence in court.
- h) Emails may not be secure, and it is possible that a third party may breach the confidentiality of such communications.

Conditions for the use of email: Patients must acknowledge and consent to the following conditions:

- a) Email is not appropriate for urgent or emergency situations. I cannot guarantee that any particular email will be read and responded to within any particular period of time.
- b) Email communication with a patient of record will usually be filed in the patient's medical record.

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communication of email between Dr. Bird and me.

Patient signature _____ Date _____

Witness signature _____ Date _____