



Authorization for Electronic Communication

Medical Record # : \_\_\_\_\_ (office use only)

<b>Return this form by mail, fax or e-mail to:</b> Facility/provider: _____ ATTN: _____ Address: _____ City/St/Zip: _____ Fax/e-mail _____	Date of birth: _____ Patient name: _____ Address: _____ To receive e-mails, list your e-mail address: _____ To receive text messages, list your number: _____
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There are risks when communicating by e-mail or text message. These risks increase when messages are sent without a security technology called encryption. By signing below, you agree that you understand and accept these risks. You also agree to follow the rules described on this form. Risks of sharing e-mails or text messages without encryption include, but are not limited to:

- Others can intercept messages.
- If you receive messages on an employer-owned device, your employer may have the right to save and read your messages. Your Internet or cell-phone service provider may also have the right to save and read your messages.
- A copy of a message may be saved on your device or a computer system, even though you deleted it.
- If an e-mail or phone number is not entered correctly, the message can be sent to the wrong people.
- E-mails and text messages can be used to spread computer viruses.
- Others may be able to access messages on a device that was lost, stolen or thrown away.

We want you to know that:

- E-mails and text messages should not be used:
  - For emergencies or when you need a fast response.
  - To ask for or schedule an appointment.
  - To ask for medicine refills.
- This consent gives your care team permission to communicate with you by e-mail and/or text message. Your care team may include people from Fairview Health Services and University of Minnesota Physicians.
- This consent will be in effect until you tell us in writing to cancel it. You have the right to take back your consent at any time by writing to this facility.
- We will always give you the best care we can, whether or not you sign this form.
- A copy or fax of this consent is as valid as the original form with your signature.
- To update your e-mail or phone number, you must complete a new consent form.
- MyChart lets you send **secure** messages to your care team. These become part of your medical record. To sign up, call your clinic, 1-855-324-7439 or 612-884-0718.

**Patient acknowledgment and agreement:** I have read and understand this form. I understand and accept the risks of sending or receiving information by e-mail or text message. Any questions I may have had have been answered.

_____	_____	_____	_____
<i>Signature* of patient / legal representative</i>	<i>Legal representative's authority to sign</i>	<i>Date</i>	<i>Time</i>
(If legal representative is signing, also print name)	(Parent, guardian, health care power of attorney, etc.)		

\* To sign electronically, type your name or initials in the signature line above. Then, place an X here: \_\_\_\_\_

**E-mail and text messaging with another person (optional):** I agree to allow e-mails and text messages between my provider and the following person. (Patient must sign a separate consent to release information to this person.)

Person's name: \_\_\_\_\_ E-mail address: \_\_\_\_\_ Text messages: \_\_\_\_\_

## About Electronic Communications

### **What do I need to do before sending an e-mail or text message?**

Carefully read the consent form on the other side of this sheet. Ask questions about anything you do not understand. If you understand and agree to the form, sign and date it. Mail or fax the completed form as indicated. After we receive and process your form, we will give you any instructions you may need.

### **What should I do if my cell phone number or e-mail address changes?**

Request, complete and send a new consent form with your new contact information.

### **What should I put in my message to make sure you get it and can help me?**

There are certain things you must put in all your messages so we can help you:

- The subject line should say what the message is about.
- The body of the message must have your name and date of birth. Then, add your message or question. Be clear and include all important information. Review your message to make sure all the details are there, so we can give you the care you need.

### **How long will it take to get a reply?**

We will reply to your message as quickly as we can, but we cannot promise to do this within a set time. If we do not reply in what seems to you a timely way, contact us to make sure we received your message and, if so, when you should expect a reply.

### **Should I text or e-mail you if I need medical help right away, such as in an emergency?**

No. We want to make sure you receive the care and services you need. If you need immediate care, call your facility or provider. In an emergency, call 911.

### **Can I use an e-mail or text message to make an appointment, refill a prescription or ask about my bills or insurance coverage?**

No. Follow the normal process to make an appointment or get a prescription refilled. For billing and insurance questions, call the phone number on your bill, or call the site where you received your care.

### **Will my messages be protected and then deleted after my questions or concerns are taken care of?**

Messages about your care become part of your medical record. They may be used in the same ways as other medical records. We will protect your health information just as we do other records about you. However, you should think about the risks before sending e-mails or text messages with sensitive information (for example, about sexually transmitted diseases, AIDS or HIV, mental health, developmental disability or substance abuse).

### **What if I receive care from more than one facility or provider from Fairview or University of Minnesota Physicians?**

At this time, not all of our facilities and providers will communicate with patients using e-mail or text messaging. You will need to check with each facility or provider. But you do not need to sign more than one consent form as long as your signed consent is available to the facility or provider.

### **I use e-mail and text messages all the time with friends and family, and I haven't had any problems. Why are you telling me about risks?**

Your privacy and security are very important to us. We want to make sure you know some of the things that can happen when communicating by e-mail or text message. Even though it's our practice to confirm e-mail addresses and phone numbers before sending information, human errors can occur, and there's a chance that information could go to the wrong place. There's also a chance that a message could be changed and/or forwarded to others. Messages can also be saved, copied, printed and stored without your knowing. Your employer may read and save your messages. Your Internet service provider may read and save your messages. Your computer hard drive will store e-mails even after you delete them. There's a chance others could access messages on a device that's been lost, stolen or thrown away.

### **How long will this consent stay in effect?**

This consent will stay in effect until you tell us in writing that you want to cancel it. You may do this at any time. To cancel your consent, send a letter, text message or e-mail telling us that you want to cancel your consent. Send it to the same address where you sent the original consent form.