

Alabama Physician Health Program
19 S. Jackson Street, Montgomery, AL 36104
(334) 954-2596 (Office) staff@alabamaphp.org (Email) (334) 954-2593 (Fax)

Email Communication Consent Form

Name: _____
Email Address: _____

Risks of using email

The APHP offers health professionals contacting its program for assistance or those engaged in the APHP monitoring program (hereafter called "health professionals") the opportunity to communicate by email. Transmitting information via email poses several risks of which the health professional should be aware. The health professional should not agree to communicate with the APHP via email without understanding and accepting these risks. These risks include, but are not limited to, the following:

- The privacy and security of non-encrypted email communication cannot be guaranteed.
- Employers and online services may have a legal right to inspect and keep emails that pass through their system.
- Email is easier to falsify than handwritten or signed hard copies. In addition, it is impossible to verify the true identity of the sender, or to ensure that only the recipient can read the email once it has been sent.
- Emails can introduce viruses into a computer system, and potentially damage or disrupt the computer.
- Email can be forwarded, intercepted, circulated, stored or even changed without the knowledge or permission of the PHP or the health professional. Email senders can easily misaddress an email, resulting in it being sent to many unintended and unknown recipients.
- Email is indelible. Even after the sender and recipient have deleted their copies of the email, back-up copies may exist on a computer or in cyberspace.
- Use of email to discuss sensitive information can increase the risk of such information being disclosed to third parties.
- Email can be used as evidence in court.

Conditions of using email

Health professionals acknowledge the risks inherent in using email for communication regarding sensitive medical information. The APHP will use reasonable means to protect the security and confidentiality of email information sent and received. However, because of the risks outlined above, the APHP cannot guarantee the security and confidentiality of email communication, and will not be liable for inadvertent and/or improper disclosure of confidential information resulting from such communication. Thus, health professionals must consent to the use of email if they wish to use it as a means of communication with the APHP. Consent to the use of email includes agreement with the following conditions:

- Emails to or from the health professional will be added to the health professional's APHP record and are thus kept in accordance with the Personal Health Information Protection Act (PHIPA), together with the rest of the personal health record.
- The APHP may forward emails or communicate via email internally to APHP staff and to those whom we have the health professional's consent to communicate as necessary, for clinical

advice, billing requirements, and storing on the APHP record. The APHP will not, however, forward email to other third parties without the health professional's prior written consent, except as authorized or required by law.

- Although the APHP will endeavor to read and respond promptly to an email from a health professional, **the APHP cannot guarantee that any particular email will be read and responded to within any particular period of time. Thus, the health professional should not use email for time-sensitive matters.**
- If the health professional's email requires or invites a response from the APHP and the health professional has not received a response within a reasonable time period it is the health professional's responsibility to follow up to determine whether the intended recipient received the email and when the recipient will respond.
- The APHP is not responsible for information loss due to technical failures.

Instructions for communication by email

To communicate by email, the health professional shall:

- Inform the APHP of any changes in the health professional's email address.
- Withdraw consent only by email or written communication to the APHP.
- **Should the health professional require immediate assistance, the health professional should not rely on email.**

Health professional acknowledgement and agreement

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communication of email between the APHP and me, and consent to the conditions outlined herein. I acknowledge the APHP's right to alter its email communication practices or to withdraw the option of communicating through email.

Dated at _____ the _____ day of _____, 201_.

Health Professional

Signature