

Online Communication

Online communication is a form of communication using “secure” Web sites or e-mail applications that apply appropriate encryption technology designed to protect the transmission of confidential information. Online communication is an additional option for communication along with telephone, mail, and in-person. It is not meant to replace other forms of communication with the doctor.

Patient Initials

_____ I understand that alternate methods of communication are still available to me, telephone, in-person and mail.

_____ I understand that all medical communications carry some level of risk. While the likelihood of risks associated with the use of online communication in a secure environment is substantially reduced, the risks are nonetheless real and very important to understand. These risks include, but are not limited to:

- It is easier for online communication to be forwarded, intercepted, or even changed without my knowledge.
- Online communication is easier to falsify than handwritten or signed hard copies. Back-up copies may exist on a computer or in cyberspace, even after both of us have deleted our copies.
- Online communication becomes part of my medical record

_____ I understand that I am responsible for taking the proper steps to protect myself from unauthorized use of online communication. The doctor is NOT responsible for breaches in confidentiality caused by an independent third party or me.

_____ I understand that online communication should not be used for emergencies or urgent matters.

_____ I understand that online communication should not include highly sensitive information relating to treatment such as HIV/AIDS, sexually transmitted diseases, or addictive treatment (alcohol, drug dependence, etc.)

_____ I understand that Dr. Murphy will not e-mail photos to me and that it is advised to not email photos of myself due to risks of interception.

Please note that online communication should never be used for emergency communications or urgent requests. These should occur via telephone or by using existing emergency communication such as 911. I certify that I have read and understand this agreement between myself and Dr. Terrence Murphy and staff of the office.

Patient signature

Date