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Email Release Agreement

Dr. Shiwach and his healthcare providers offer patients the convenience of communicating via electronic mail (email) for non-urgent matters. Both you, as the patient, and your provider have to agree to this arrangement. No personal health information is ever sent electronically without permission given by you or your legally authorized representative.

Appropriate uses for email

Email may be used to request information and ask non-urgent questions. It should not be used in emergencies. If you are experiencing a sudden or severe change in your health or otherwise need an immediate response, please contact your healthcare provider's office by telephone, call 911, or go to an emergency room.

Email may be appropriately used to send protected personal health information for:

- Prescriptions/refills
- General medical advice after a face-to-face office visit
- Patient educational material

If you have an email address and would like to take advantage of this service, please discuss your wishes with our office.

Dr. Shiwach and his office will not forward emails to anyone without your prior written consent, except as authorized or required by law.

Email is not to be used in the place of a face-to-face office visit if you cannot keep your scheduled appointment. It is also NOT to be used for emergencies, or urgent matters requiring a response in less than 24 hours. Furthermore, your healthcare provider has the right to request that you schedule an appointment in person if he or she feels that your concerns cannot be adequately managed via email.

Keeping records of email communications

Email communications will be documented as (1) an electronic note maintained in a computer system and/or (2) a paper copy filed in your medical record.

Sending email

Please include your full name and date of birth in every email message that you send to your healthcare provider. The subject line should include the purpose of the email, for example: "Prescription Refill Request".

When you receive a message from your provider containing medical advice, please acknowledge the message by sending a brief reply to the provider.

If a message is ever returned because of a "bad address", please make sure that you entered the complete address as it was given to you. If you are sure that you entered the address the provider gave to you, please call the provider's office and make sure you have the correct email address and that the

computer system is functioning properly. If we do not answer your email in 2 to 3 business days, contact our office by telephone.

Dr. Shiwach's office may choose to discontinue email communication at any time.

Privacy and security of email

Do not use email to send or request sensitive information. This includes personal information you do not want other people to know about. Additionally, you should be aware of and understand that if you use email provided by your employer, any email sent on your employer's system may be viewed by your employer.

Dr. Shiwach and his office cannot and do not guarantee the privacy or security of any messages being sent over the internet. There is the potential that email sent over the internet can be intercepted and read by others. If this is of concern to you, you should not communicate with your healthcare provider through email.

This document, along with the notice of privacy practices included in your intake paperwork constitutes a notice of privacy practices for email use as required by the Texas State Board of Medical Examiners.

Authorization to use email

I have been informed of and understand the risks and procedures involved with using email. I agree to the terms listed on this form and hereby voluntarily request, consent to, and authorize the use of email as one form of communication with my physician, his/her associates, technicians, and other healthcare providers.

You will be given a copy of this signed form to keep for your records.

Patient Signature

Date

Patient Representative (Relationship)

Date

Provider Signature

Date