



Dental School Patient Communications E-mail Authorization Agreement

The University of Texas Health Science Center at San Antonio (UT Health San Antonio) offers patients the ability to communicate with health care providers via electronic mail (e-mail) for non-urgent matters. Both you, the patient, and your provider have to agree to this arrangement. ***No information is ever sent electronically without permission given by you or your legally authorized representative.***

Appropriate uses for e-mail

E-mail 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 health care provider's office by telephone, call 911, or go to an emergency room.

E-mail may be appropriately used to send protected personal health information to

- You for your personal use
- Consulting physicians involved in your care
- Assisted living centers, home health agencies, or nursing homes involved in your care
- Pharmacies to refill prescriptions
- Hospitals providing you care and services
- Physical therapists and other allied health personnel involved in your care
- Family members involved in your care and approved by you to receive this information

If you have an e-mail address and would like to take advantage of this service, please discuss your wishes with your health care provider (e.g., doctor) first. Some providers do not communicate with their patients electronically. Others may ask an associate, such as a nurse or billing person to contact you, based on your e-mail.

UT Health San Antonio may forward e-mails as appropriate for diagnosis, treatment, and other related reasons. As such, UT Health San Antonio

staff other than your provider may have access to e-mails that you send. Such access is only to make available health care services to you. Otherwise, UT Health San Antonio will not forward e-mails to any one else without your prior written consent, except as authorized or required by law.

Keeping records of e-mail communications

E-mail communications will be documented in one of two ways: either as (1) an electronic note maintained in a computer system, and/or (2) a paper copy filed in your medical record.

Sending e-mail

Please include your full name and your medical record number in every e-mail message that you send to your health care provider. The subject line should include the purpose of the e-mail, 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 e-mail address and that the computer system is functioning properly.

If your health care provider does not answer your e-mail in 2-3 days contact the office by telephone.

UT Health San Antonio may choose to discontinue e-mail communication at any time.



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Privacy and security of e-mail

Do not use e-mail to send or request very 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 e-mail provided by your employer, any e-mail sent on your employer's system may be viewed by your employer.

UT Health San Antonio cannot and does not guarantee the privacy or security of any messages being sent over the Internet. There is the potential that e-mail sent over the Internet can be intercepted, and read by others. If this is of concern to you, you should not communicate with your health care provider through e-mail.

Authorization to use e-mail

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

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

Patient Signature

Date

Patient Representative (Relationship)

Date

Clinic Manager/Clinic Supervisor

Date

Patient Label