



Jason Yu MD

INTERVENTIONAL PAIN MANAGEMENT

E-MAIL AND TEXT MESSAGE MEDICAL COMMUNICATION INFORMED CONSENT

I am engaging in email/text communication with my physician realizing that, because there is no way to absolutely secure any electronic exchange of information, the probability of compromise of confidentiality of personal medical information is substantially increased compared to face-to-face information exchange. As such, email/text communication on personal medical matters should be limited as possible and reserved for situations not practically allowing for face-to-face communication, but in which the failure to timely inform the patient or their agent on personal medical issues could significantly compromise the patient's best interests and outcome. No guarantee is made for the timely receipt of email communication, and no guarantee of response is made.

Notwithstanding the above, email/text communication should, as much as possible, avoid discussion of highly sensitive medical matters that could be, in the event of an information leak, deleterious personally or publicly to the patient and/or their agents. Such topics best be avoided are medical disability, sexually transmitted diseases, substance abuse, psychiatric conditions, prognoses (medical outcomes), end-of-life conditions or prognostications, disclosure of demise of an individual, and any other matter that reason could suggest might result in unpredictable emotional distress or reaction in the recipient and possibly lead to behavior harmful to the recipient or others. In a word, remote communicating is a minimally controlled circumstance. Language used should be careful, deliberate, and avoid "emotionally charged" terms.

Email/text medical communication is a temporary convenience and intervention, not a substitute for proper face-to-face medical encounters. Habitual, ongoing use of email/text for communicating medical information is discouraged in the best interests of medical professionals and patients and their agents.

By signature, I indicate that I have read the above content and policy of my healthcare provider and I agree to abide by the principles and spirit set forth in this document. I further understand the risks and limitations of transmission of medical information communication electronically, and so release from all and any liability my healthcare provider for any unauthorized disclosure or leak of such information inadvertently to parties outside the intended senders and recipients of such communications. I will not hold responsible the sender of medical information by email for any delays in receiving such communications and resulting harm from such delays. I am aware that when communicating from the workplace some companies consider email "at work company property," and such messages may be monitored and read by the company's officials. Furthermore, email sent to your home may be intercepted by others. Email/text sent to your doctor's office, though directed to a specific individual, may be read by other than the designated recipient since all incoming messages in a medical facility must be reviewed timely, including when a staff member is absent for any reason. Finally, communicating by email/text always exposes both parties to the risk of computer software virus invasion which can jeopardize and destroy databases and software. By signing this, I release from any liability for damage from computer viruses my healthcare providers and their staff.

I also release my healthcare provider with whom I am communicating voluntarily in medical matters by email/text from any adverse effects such information has on me or my agents that might have been otherwise avoided or lessened by exchange of such information in face-to-face encounters. Taking all of the above into consideration, I wish to engage in email/text communications regarding my personal medical information or that for which I am a responsible agent. I have had an opportunity to ask questions on all the aforementioned and provide my consent freely.

Email address: _____ Phone#: _____

Signature: _____ Date: _____

Name (Print): _____