

DR. JEFFREY D. GABER AND ASSOCIATES, P.A.
PATIENT – PROVIDER E-MAIL COMMUNICATION FORM

Keep in the Patient's Medical Record

I allow Dr. Jeffrey D. Gaber and Associates, PA to use electronic mail (e-mail) to communicate clinical information to me pertaining to health care services that I have received. I acknowledge and understand that e-mail communication may contain my personal and private medical information including, but not limited to, my name, address, date of birth, types and dates of health care services received, medication, insurance coverage information, and/or test results.

I understand that, although Dr. Jeffrey D. Gaber and Associates, PA may attempt to protect the privacy of the contents of email sent to me and will take reasonable measures to protect my privacy, the e-mail messages sent to me are not encrypted and travel over the Internet. As a result, there is a risk that the e-mail will be intercepted and read by unauthorized third parties. In allowing Dr. Jeffrey D. Gaber and Associates, PA to send me e-mail, I assume this risk.

I also acknowledge and understand the following as it relates to this e-mail communication:

1. E-mail is not appropriate for conveying information relating to urgent or emergency medical matters. If I am experiencing an urgent or emergency situation, I understand that I should dial 911 immediately.
2. If an e-mail has not been answered, I should call to make sure that it has been received and I may make an appointment to see/speak with the health care provider to discuss the e-mail message.
3. I will not use e-mail for discussion of sensitive or highly confidential issues; for example, mental health or reproductive issues, etc. If there are specific types of information that I do not want included in emails (e.g., lab results), it is my responsibility to notify Dr. Jeffrey D. Gaber & Associates, PA.
4. Employees of Dr. Jeffrey D. Gaber & Associates, PA other than the Provider may have access to my e-mail address and e-mail content such as triage nurses, consulting physicians, and other health care providers that are permitted access to my medical records.
5. I, and not the Provider or Dr. Jeffrey D. Gaber & Associates, PA, am responsible for the security of e-mail communications sent from or stored on my computer.
6. My decision to allow Dr. Jeffrey D. Gaber and Associates, PA to communicate with me by e-mail is voluntary, and that treatment is not conditioned upon my election to do so.
7. Dr. Jeffrey D. Gaber and Associates, PA or I may stop e-mail communication at any time for any reason.
8. I agree to notify Dr. Jeffrey D. Gaber and Associates, PA when my e-mail address changes.
9. I will not hold Dr. Jeffrey D. Gaber & Associates, PA responsible for damages resulting from their use of e-mail or the failure of any Dr. Jeffrey D. Gaber & Associates, PA information systems used to facilitate the e-mail communication.
10. I understand that all emails related to my care received or generated by Dr. Jeffrey D. Gaber & Associates, PA will be maintained in my medical record.

The Provider may send medical information to my e-mail address, which is:

Email Address _____

The Provider may communicate via email to the designated individual listed below.

Name _____

Relationship to Patient _____ Email Address _____

Patient Name (Print) _____

Patient /Representative Signature _____ Date _____