

**Patient – Provider E-mail and Patient Portal Communication Form**  
**Keep in the Patient’s Medical Record**

I allow Dr. Jeffrey D. Gaber and Associates, PA to use electronic mail (e-mail) and the Patient Portal to communicate clinical information to me pertaining to health care services that I have received. I acknowledge and understand that e-mail and the Patient Portal 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 and my information in the Patient Portal 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. Despite our security efforts, it is also possible that the Patient Portal could be accessed by third parties.** In allowing Dr. Jeffrey D. Gaber and Associates, PA to send me these electronic means of communication, I assume this risk.

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

1. E-mail and the Patient Portal are 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 or the Patient Portal message have 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 message.
3. E-mail and Portal messages are NOT monitored 24/7 and responses can take up to 72 hours, if a response is NOT received, it is the patient’s responsibility to contact the office to follow-up.
4. I will not use e-mail or the Patient Portal message 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 electronic communications, (e.g., lab results), it is my responsibility to notify Dr. Jeffrey D. Gaber & Associates, PA.
5. Employees of Dr. Jeffrey D. Gaber & Associates, PA other than the Provider may have access to my Patient Portal information, and 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.
6. I, and not the Provider or Dr. Jeffrey D. Gaber & Associates, PA, am responsible for the security of electronic communications sent from or stored on my computer.
7. My decision to allow Dr. Jeffrey D. Gaber and Associates, PA to communicate with me by any electronic means is voluntary, and that treatment is not conditioned upon my election to do so.
8. Gaber & Associates strongly discourages copying of email communications directed to the practice to any other person. If I choose to include a copy of any of my communications to Dr. Gaber or his staff, Dr. Gaber and staff will only respond to me. [unless the person to be copied is also on a medical Health Care Directive on file with the practice office.
9. Dr. Jeffrey D. Gaber and Associates, PA or I may stop e-mail communication at any time for any reason.
10. I agree to notify the Dr. Jeffrey D. Gaber and Associates, PA when my e-mail address changes.
11. I will not hold Dr. Jeffrey D. Gaber & Associates, PA responsible for damages resulting from their use of e-mail, the Patient Portal, or the failure of any Dr. Jeffrey D. Gaber & Associates, PA’s information systems used to facilitate the e-mail communication.
12. I understand that all emails related to my care received or generated by Dr. Jeffrey D. Gaber & Associates, PA may not be permanently stored. If an e mail is important to me, I am responsible for its storage

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

<b>Email Address:</b>
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*The Provider may communicate via email to the designated individual listed below.*

<b>Name:</b>	<b>Relationship to Patient:</b>	<b>E-mail Address:</b>
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<b>Patient Name (Print):</b>	<b>Patient/ Patient Representative Signature:</b>	<b>Date:</b>
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