

Medical Record Number

Patient Name

LUCILE PACKARD CHILDRENS HOSPITAL
STANFORD HEALTH CARE
STANFORD, CALIFORNIA 94305



**CONSENT • ELECTRONIC MAIL
USE BETWEEN PROVIDER AND PATIENT**

Addressograph or Label - Patient Name, Medical Record Number

You and your health care provider have agreed to correspond using electronic mail (e-mail). This form provides guidelines for the intended use of this type of communication, and documents your consent.

E-mail Use

IN A MEDICAL EMERGENCY, DO NOT USE E-MAIL. CALL 911.

In most cases you must be 18 years or older or an emancipated or self-sufficient minor before your provider can send you e-mail about your or your child's personal health information.

Privacy and Confidentiality

Unless your provider tells you specifically that your correspondence will be conducted via a secure e-mail system, consider e-mail like a postcard that can be viewed by unintended persons. The content of e-mail may be monitored by the hospital to ensure appropriate use.

Discuss with your provider who will process your e-mail messages during business hours, vacations or illness. All e-mails regarding your care will be included in your medical record.

Creating a Message

On the "Subject" line, include the general topic of the message, for example, Prescription or Appointment or Advice. In the body of the message, include your name and your identification number (Medical Record Number) or your date of birth.

Content of the Message

E-mail should be used only for non-sensitive and non-urgent issues. Types of information appropriate for e-mail include:

- Questions about prescriptions
- Routine follow-up inquiries
- Appointment scheduling
- Reporting of self-monitoring measurements, such as blood pressure and glucose determinations

E-mail may never be used to communicate to you test and other related results concerning HIV, sexually transmitted disease, hepatitis, drug abuse or presence of malignancy, or for alcohol abuse or mental health issues.

Response Time

Discuss with your provider the expected time in which to receive a response. If the expected time is exceeded, call your provider at the phone number below.

Ending E-mail Relationship

Either you or your provider may request to discontinue using e-mail as a means of communication, via either e-mail or letter.

Disclaimer

Stanford Health Care (SHC) and Lucile Packard Children's Hospital (LPCH) are not responsible for e-mail messages that are lost due to technical failure during composition, transmission and/or storage.

I have read and understand the information above, and had any questions answered to my satisfaction. I agree to the above guidelines for e-mail communication. I hereby release and hold harmless SHC/LPCH, its officers, directors, employees and agents from any claim I may have arising from the use of e-mail to communicate with me.

DATE	TIME	SIGNATURE of Patient, Parent or Personal Representative	PRINT NAME	RELATIONSHIP (if other than patient)

Patient E-mail Address (please print): _____

Provider Name: _____ Phone Number: _____

Provider E-mail Address (please print): _____

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