Agreement for UTMB and Patient e-Communications

UTMB allows patients the ability to communicate with providers via electronic mail (e-mail) for non-urgent matters if the arrangement is agreed to by both parties.

If you have an e-mail address and would like to take advantage of this service, please discuss your wishes with your provider(s) 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 email.

UTMB may forward e-mails as appropriate for diagnosis, treatment, and other related reasons. As such, UTMB staff other than your provider may have access to e-mails that you send. Such access will only be in order to provide service to you. Otherwise, UTMB will not forward your e-mails to independent third parties without your prior written consent, except as authorized or required by law.

If a provider agrees to exchange e-mail with you, you must agree to observe the following requirements:

Appropriate Purposes 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 provider's office by telephone.

Appropriate purposes for using email:

- Prescriptions/refills
- General medical advice after an initial FACE-TO-FACE visit
- Lab test results
- Patient educational material

If you would like to schedule an appointment electronically, visit our web site at: http://appointments.utmbhealthcare.org.

E-mail communications will be documented in your medical record by placing a copy of the message in your record.

Sending E-mail:

You must include your full name and your Unit History Number (This is your medical record number) in every e-mail message that you send to your provider. This information is required so the physician can establish that the patient requesting medical advice is in fact the person the sender claims to be. Without this information, the physician will not be able to address your questions. The subject of the e-mail should include the purpose of the email, for example: Prescription Refill Request. If you do not provide this information, your provider will not be able to respond.

If you receive a message from your provider containing important medical advice, 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 to verify you have the correct address and that the e-mail system is functioning properly.

If your provider does not answer your e-mail in 2 business days contact the provider's office.

UTMB may choose to stop email communication at any time.

Security and Privacy of E-mail:

In order to limit access to email communication with patients, UTMB physicians are provided their own personal email mailboxes. Only UTMB personnel authorized by each physician (e.g. administrative assistants) may be provided access to physician email mailboxes. As an added security measure, UTMB physicians must verify that the email address of any communication received from patients matches the email address provided by the patient on this agreement. If the email addresses do not match, physicians will not respond to the email. It is the patient's responsibility to contact the physician to inform the physician if the patient has changed their email address. Without this notification the physician will not respond to patient inquiries.

Do not use e-mail to send or request very sensitive information. UTMB 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. Additionally, you should be aware of and understand that if you use email provided by your employer any email sent on your employer's system may be viewed by your employer. If this is of concern to you, you should not communicate with your provider through email. This document along with UTMB Notice of Privacy Practices constitutes a notice of privacy practices for email use as required by the Texas State Board of Medical Examiners.

I, have been informed of and understand the risks and procedures involved with using e-mail. I understand that the confidentiality of my individually identifiable health information may be compromised when my individually identifiable health information is sent through electronic transmission via email. I agree to the terms listed above and I hereby voluntarily request the use of e-mail as one form of communication with my physician, and his/her associates, technicians and other heath care providers.

Patient Signature _____ Date _____

Patient email address _____ Patient UH# _____

Physician Signature _____ Date _____

Physician email address _____ Office Number _____

Place Label Here