**E-mail Communications**

The undersigned patient (Patient) wishes or declines to communicate with South Shore Primary and Urgent Care, LLC Physician, Affiliated Physicians and / or their Associates, by unencrypted e-mail regarding matters which may include the Patient’s Protected Healthcare Information (PHI) and hereby agrees to the following provisions.

**Patient acknowledges that:**

• E-mail is not a secure medium for sending or receiving Protected Health Information and, in particular, if Patient uses an employer’s email system, the employer has the right to review any such communications;

• Although South Shore Primary and Urgent Care, LLC will make reasonable efforts to keep e-mail communications among the Patient, and South Shore Primary and Urgent Care, LLC (and the employees, agents and representatives of SSPUC) confidential and secure, South Shore Primary and Urgent Care, LLC cannot assure or guaranty the confidentiality of e-mail communications,

• In the discretion of patient’s South Shore Primary and Urgent Care, LLC physician, e-mail communications may be made a part of Patient’s permanent medical record;

• E-mail is not an appropriate means of communication regarding emergency or other time-sensitive issues or for inquiries regarding sensitive information.

**Patient agrees that:**

• Patient will not use e-mail for communication regarding emergencies or other time-sensitive issues, or for communication regarding other sensitive information, but rather will communicate such information as necessary through other means, such as telephone or in person.

• If Patient does not receive a response to any e-mail message within one (1) day (or such longer time as Patient indicates in the e-mail), Patient will use another means of communication to contact South Shore Primary and Urgent Care, LLC,

• Patient will include his/her full name and a short description of the subject matter of the e-mail (e.g., “prescription refill”, “medical advice”) in the Subject line of the e-mail;

• When responding to e-mails from each other, South Shore Primary and Urgent Care, LLC and Patient or their representatives will “Reply with History” to ensure that the recipient is aware of previous communication,

• South Shore Primary and Urgent Care, LLC shall not be liable to Patient for any loss, cost, injury or expense caused by, or resulting from: (i) a delay in response to Patient due to technical failures, including, but not limited to, technical failures attributable to South Shore Primary and Urgent Care’s internet service provider, power outages, failure of South Shore Primary and Urgent Care’s electronic messaging software, failure by South Shore Primary and Urgent Care, LLC or Patient to properly address e-mail messages, failure of South Shore Primary and Urgent Care’s computers or computer network, or faulty telephone or cable data transmission; (ii) any interception of e-mail communications by a third party; or (iii) Patient’s failure to comply with the guidelines regarding use of e-mail communications set forth in this agreement.

Patient’s Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

Patient AGREES to use email for PHI with provisions above

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Primary email address to be used

Other approved email address

Patient DECLINES to use email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_