



Kim Gaitskill MD  
Board Certified  
Child, Adolescent, and Adult Psychiatry

26 South Prospect Street  
Suite 205  
Amherst, MA 01002  
t: 978-852-7671  
f: 612-324-7446  
e: doctor@kimgaitskillmd.com

Patient name \_\_\_\_\_

Email address \_\_\_\_\_

Date of birth \_\_\_\_\_

Mobile number \_\_\_\_\_

Kim Gaitskill MD offers patients the option to communicate through a confidential patient portal. It will document your consent for me to communicate with through the patient portal. Access the patient portal though <https://gaitskill.carepaths.com>

You user name and password will be assigned at your first appointment. You should change your password following your first entry to the portal. If you lose your password you can contact me and I will reset your portal to the original password.

My email [doctor@kimgaitskillmd.com](mailto:doctor@kimgaitskillmd.com) is also encrypted and therefore also allows for confidentiality. I have included the potential problems with communication outside of the encrypted systems.

**RISKS OF NON ENCRYPTED EMAIL**

Communication by email has a number of risks which include but at not limited to:

- Email can be circulated, forwarded or stored in electronic and paper files
- Backup copies may exist even after the sender or recipient has deleted the copy
- Unintended recipients can receive email and texts
- Email can be intercepted, altered, forwarded without authorization or detection
- Email senders and texters can easily type in the wrong email address or number
- Email can be used to introduce viruses into computer systems



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**TEXTING IS NEVER CONFIDENTIAL AND DOES NOT MEET HIPPA GUIDELINES FOR PROTECTED HEALTH INFORMATION**

**HOW I WILL USE ENCRYPTED EMAIL THROUGH THE PATIENT PORTAL**

Email through the patient portal and my professional email will be used to communicate non-sensitive and non-urgent issues as

- Questions about prescriptions
- Routine follow up questions
- Appointment questions
- Billing questions

All emails will be a part of your medical record

**IN A MEDICAL EMERGENCY. DO NOT USE TEXTING OR EMAIL...CALL 911** Also, do not use text or email for urgent problems, call my office or if you can not wait for my response call please access an urgent care facility or emergency room.

**GUIDELINES FOR ENCRPTYED EMAIL COMMUNICATION**

- Include a general topic in the subject line
- Include your first and last name
- An email message cannot be time sensitive and it may take up to 2 days for a response. Urgent messages should be relayed by telephone
- Review your message to make sure it is clear and has all the relevant information
- Take precautions to maintain confidentiality as protecting your passwords.
- Inform me of any changes in your email address

**CONSENT**

I, \_\_\_\_\_

am a \_\_\_\_\_ patient of Dr Gaitskill \_\_\_\_\_ legal representative of a patient

I may choose to communicate with Dr Gaitskill by email and texting. I understand the risks of communicating by email and texting, in particular the privacy risks explained in this form. I understand that Dr Gaitskill cannot guarantee the security and confidential of text or email communication outside of the encrypted patient portal and professional email address. Dr Gaitskill will not be responsible for messages that are not received or



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delivered due to technical failure, or for disclosure of confidential information unless caused by intentional misconduct.

I understand that I may also communicate with Dr Gaitskill by telephone or during scheduled appointments and that electronic communication is not a substitute for care that is provided during an office visit. Appointment should be made to discuss any new issues or sensitive information.

I understand that either I, or Dr Gaitskill may stop using the patient portal as a means of communication up my written request.

I understand that I may revoke this consent at any time by so advising Dr Gaitskill in writing. My revocation of consent will not affect my ability to obtain future health care nor will it cause the loss of any benefits to which I am entitled.

I have read and understand this form. I have had the opportunity to ask questions and my questions have been answered to my satisfaction. I understand and agree with the information contained in his form and give my consent for email communication to and from Dr Gaitskill.

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Print name

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Signature

Date