

Kim Gaitskill MD

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Amherst, MA 01002

kimgaitskillmd@gmail.com

Patient name _____

Email address _____

Date of birth _____

Telephone number _____

Kim Gaitskill MD offers patients the option to communicate by email. This form provides information about the risks of email, guidelines for email communication and how I use email communication. It will also document your consent for me to communicate with you by email.

RISKS

Communication by email has a number of risks which include but are 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
- Email can be intercepted, altered, forwarded without authorization or detection
- Email senders can easily type in the wrong email address
- Email can be used to introduce viruses into computer systems

HOW I WILL USE EMAIL

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 EMAIL...CALL 911 Also, do not use email for urgent problems, call my office or if you can not wait for my response call emergency services at 413-586-5555 or go to an urgent care facility or emergency room.

GUIDELINES FOR EMAIL COMMUNICATION

- Include a general topic in the subject line
- Include your 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. I understand the risks of communicating by email, in particular the privacy risks explained in this form. I understand that Dr Gaitskill cannot guarantee the security and confidentiality of email communication. Dr Gaitskill will not be responsible for messages that are not received or 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 email 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 email 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 this form and give my consent for email communication to and from Dr Gaitskill.

Print name

Signature

Date