

**Michael J. Sundine MD, INC.**  
**Online Communication**

Online communication is a form of communication using “secure” Web sites or e-mail applications that apply appropriate encryption technology designed to protect the transmission of confidential information. Online communication is an additional option for communication along with telephone, mail and in-person. It is not meant to replace other forms of communication with the doctor.

Patient's  
Initials

- \_\_\_\_\_ The details of online communication have been explained to me in terms I understand.
- \_\_\_\_\_ Alternative methods of communication (i.e., telephone, in-person, mail) are still available to me.
- \_\_\_\_\_ I understand that all medical communications carry some level of risk. While the likelihood of risks associated with the use of online communication in a secure environment is substantially reduced the risks are nonetheless real and very important to understand. These risks include, but are not limited to:
- *It is easier for online communication to be forwarded, intercepted, or even changed without my knowledge.*
  - *Online communication is easier to falsify than handwritten or signed hard copies. Backup copies may exist on a computer or in cyberspace, even after both of us have deleted our copies.*
  - *I will use a secure network. I will not use standard e-mail or e-mail systems provided by employers. I understand that employers have a right to inspect and keep online communication transmitted through their system.*
  - *Online communications become part of my medical record.*
- \_\_\_\_\_ I agree to take precautions to keep online communication confidential, including but not limited to the following:
- *I will keep my password confidential*
  - *I will not store messages on an employer-provided computer.*
  - *I will not leave messages on my screen for others to read.*
  - *I will review my messages before sending to make sure that they are clear and that all relevant information is included.*
  - *I will update my contact information as soon as it changes.*
- \_\_\_\_\_ I understand that I am responsible for taking steps to protect myself from unauthorized use of online communication. The doctor is not responsible for breaches of confidentiality caused by an independent third party.
- \_\_\_\_\_ I agree to follow the procedures that the doctor implements to allow him to verify my identity in connection with online communication. I acknowledge that failure to comply with these procedures may terminate our online communication.
- \_\_\_\_\_ I understand that online communication cannot be used for emergencies or time sensitive matters.
- \_\_\_\_\_ I understand that online communication cannot be used to communicate highly sensitive medical information, such as treatment for or information related to HIV/AIDS, sexually transmitted diseases, or addiction treatment (alcohol, drug dependence, etc.)
- \_\_\_\_\_ I have informed the doctor of other treatments I do not want transmitted via online communications.
- \_\_\_\_\_ I understand that it is my responsibility to determine if unanswered online communication was received.
- \_\_\_\_\_ I acknowledge that I have read and fully understand this consent form, including the risks associated with the online communication.
- \_\_\_\_\_ The doctor has answered all of my questions.

**Again, please note that online communication should never be used for emergency communications or urgent requests. These should occur via telephone or by using existing emergency communication tools.**

I certify that I have read and understand this agreement and that all blanks were filled in prior to my signature.

For online communication between: **Dr. Michael J. Sundine** and staff and \_\_\_\_\_  
(Patient's name)

\_\_\_\_\_  
Patient or Legal Representative Signature                      Date                      Relationship to Patient

\_\_\_\_\_  
Print Patient or Legal Representative Name                      Witness Signature/Date

I certify that I have explained the nature of this agreement to the patient/legal representative. I have answered all questions fully, and I believe that the patient/legal representative (circle one) fully understands what I have explained.

\_\_\_\_\_  
Physician Signature / Date

\_\_\_\_\_  
Initial Copy given to patient

\_\_\_\_\_  
Initial Original placed in chart