

LAKEVIEW TMS CENTER

ELECTRONIC COMMUNICATION CONSENT

1. RISK OF USING E-MAIL, TEXT MESSAGES AND VOICEMAIL

Lakeview TMS Center (Providers/Staff) offers patients the opportunity to communicate by e-mail, text messages or voicemail. Transmitting patient information by e-mail, text messages or voicemail, however, has a number of risks that patients should consider before using e-mail, text messages or voicemail. These include, but are not limited to, the following risks: a) E-mail, text messages or voicemail can be circulated, forwarded, and stored in numerous paper and electronic files. b) E-mail, text messages or voicemail can be immediately broadcast worldwide and be received by many intended and unintended recipients. c) E-mail, text messages or voicemail senders can easily misaddress an e-mail, text messages or voicemail. d) E-mail, text messages or voicemail are easier to falsify than handwritten or signed documents. e) Backup copies of e-mail, text messages or voicemail may exist even after the sender of the recipient has deleted his or her copy. f) Employer and on-line services have a right to archive and inspect e-mails or text messages transmitted through their systems. g) E-mail, text messages or voicemail can be intercepted, altered, forwarded, or used without authorization or detection. h) E-mail, text messages or voicemail can be used to introduce viruses into computer systems. i) E-mail, text messages or voicemail can be used as evidence in court.

2. CONDITIONS FOR THE USE OF E-MAIL, TEXT MESSAGES AND VOICEMAIL

Lakeview TMS Center will use reasonable means to protect the security and confidentiality of e-mail, text messages or voicemail information sent and received. However, because of the risks outlined above, Provider cannot guarantee the security and confidentiality of e-mail, text messages or voicemail communication, and will not be liable for improper disclosure of confidential information that is not caused by Provider's intentional misconduct. Thus, patients must consent to the use of e-mail, text messages or voicemail for patient information. Consent to the use of e-mail, text messages or voicemail includes agreement with the following conditions: a) All e-mails or text messages to or from the patient concerning diagnosis or treatment will be printed out and made part of the patient's medical record. Because they are a part of the medical record, other individuals authorized to access the medical record, such as staff and billing personnel, will have access to those e-mails or text messages. b) Provider may forward e-mails or text messages internally to Provider's staff and agents as necessary for diagnosis, treatment, reimbursement, and other handling. Provider will not, however, forward e-mails or text messages to independent third parties without the patient's prior written consent, except as authorized or required by law. c) Although Provider will endeavor to read and respond promptly to an e-mail, text messages or voicemail from the patient, Provider cannot guarantee that any particular e-mail, text messages or voicemail will be read and responded to within any particular period of time. Thus, the patient shall not use e-mail, text messages or voicemail for medical emergencies or other time-sensitive matters. d) If the patient's email or text messages requires or invites a response from Provider, and the patient has not received a response within a reasonable time period, it is the patient's responsibility to follow up to determine whether the intended recipient received the e-mail, text messages or voicemail and when the recipient will respond. The patient is responsible for informing Provider of any types of information the patient does not want to be sent by e-mail, text messages or voicemail. e) The patient is responsible for protecting his/her password for other means to access to e-mail, text messages or voicemail. Provider is not liable for breaches of confidentiality caused by the patient or third party. f) Provider shall not engage in e-mail, text messages or voicemail communication that is unlawful, such as unlawfully practicing medicine across state lines. g) It is the patient's responsibility to follow up and/or schedule and appointment if warranted.

3. INTRUCTIONS TO COMMUNICATE BY E-MAIL, TEXT MESSAGES AND Voicemail

The patient shall: a) Limit or avoid use of his/her employer's computer. b) Inform Provider of changes in his/her e-mail address or text messages in writing. c) Put the patient's name in the body of the e-mail, text messages or voicemail. d) Include the category of the communication in the e-mail's subject line or text messages, for routing purposes (e.g., billing question). e) Review the e-mail, text messages or voicemail to make sure it is clear and that all relevant information is provided before sending to Provider. f) Inform Provider that the patient received an e-mail, text messages or voicemail from Provider. g) Take precautions to preserve the confidentiality of e-mails or text messages, such as using screen savers and safeguarding his/her computer password. h) Withdraw consent only by written communication to Provider. i) If contact information changes you are fully responsible and must provide a new form and inform Rockwall Psychiatry & Associates

4. PATIENT/LEGAL GUARDIAN ACKNOWLEDGMENT AND AGREEMENT

I acknowledge that I have fully read, understand and agree to this consent form. I voluntarily agree to sign this agreement electronically and be legally bound. I understand the risks associated with the electronic communication of e-mail, text messages and voicemail between Lakeview TMS Center and me, and consent to the conditions outlined herein. In addition, I agree to the instructions outlined herein, as well as any other instructions that Provider may impose to communicate with patients by e-mail, text messages and voicemail. I understand potential risks/ benefits and agree to allow Lakeview TMS Center to send email and or text communication or voicemail regarding appointments or any part of my treatment. Any questions I may have had were answered. I can revoke this consent in writing at any time to my provider. I understand that electronic communication should never be used for emergency communications or urgent requests. Emergency communications should be made to the provider's office directly or to the existing emergency 911 services in my community.

Email: _____

Phone Number: _____

Signature of Patient or Legal Guardian: _____

First and Last Name of person signing form: _____

Date: _____