



# Patient Electronic Communications

## Question & Answer Fact Sheet

### ***What are the risks of sending email or faxes?***

- Each can be sent to wrong destinations or to the wrong person.
- Email or faxes sent from employer-owned systems can be read by employers or co-workers.
- Shared family email accounts can jeopardize privacy.
- Email from Joslin and an Internet service provider (ISP) like AOL allow unauthorized access to private information.
- Email can easily be misunderstood without voice and/or facial expressions.

### ***May I communicate with all my Joslin providers by email or fax?***

You should discuss this with each provider to see if he or she is willing to communicate electronically.

### ***What should I do if I change my ISP or email address?***

You should notify your providers as soon as possible to maintain open lines of communications and ensure ongoing care.

### ***When is it okay to use email or faxes?***

Email and faxes should only be used for non-urgent issues like reviewing blood glucose results, requesting routine tests or refilling prescriptions. Be sure to direct questions to the right person. For example, prescription renewals should always be sent to the prescribing provider.

### ***When should I call my provider instead of using email or faxes?***

Never use email or faxes for serious, urgent or time-critical medical problems like chest pain or severe low blood sugars. Do not use email/faxes when discussing sensitive information like sexually-transmitted diseases, mental health problems, drug treatment or alcohol-related disorders.

### ***How should I format an email or fax?***

- Type “CONFIDENTIAL” and the reason for the communication in the **SUBJECT** line (or **RE** field on a fax). For example “*CONFIDENTIAL - Refill request*” or “*CONFIDENTIAL - Medical advice.*”
- State the **MESSAGE** simply and include the following:
  - your full name
  - telephone number (where we can reach you)
  - Joslin medical record number (if known)
  - date of birth
  - current home address and
  - the date you are sending the communication.

### ***Are there other reminders?***

Be sure to click **REPLY** when responding to Joslin email. That establishes an email trail that allows you and your provider to track messages. Put copies of your postings in your email program’s **SENT MESSAGES** folder. Keep fax copies in a safe filing place.

*We do our best to respond to electronic communications in a timely manner. If you don’t hear back from us within a few days, please phone your provider. Your email/fax may be forwarded to other Joslin providers or staff (e.g., secretaries, or nurses) to expedite our response. Finally, remember that all email/faxes, sent or received, become part of your medical record.*



## ELECTRONIC MAIL/FAX CONSENT FORM

Joslin MR \_\_\_ - \_\_\_ - \_\_\_

Patient Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Email address \_\_\_\_\_ Fax number \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

I, \_\_\_\_\_, request and authorize Joslin Clinic to communicate with me (and other authorized healthcare providers involved in my care) about any aspect of my health and medical care by email/fax.

My signature below denotes that I have read the document, *Patient Electronic Communications – fact Sheet*, and accept the risk of loss of privacy of confidential medical information associated with email/fax communication. **I understand that I need to discuss with my providers whether or not they agree to email as a method of communication.** I also agree that Joslin Clinic and Joslin Diabetes Center shall not be liable for any type of damage or liability arising from or associated with the loss of confidentiality due to email/fax communication. Further, since Joslin does not operate or control any service on the Internet, I understand that it cannot and does not guarantee that the use of this means of communication will be free from technological difficulties including, but not limited to, loss of messages.

This authorization for communication by means of email/fax is valid until I notify you in writing that I no longer authorize the use of email/faxes to communicate information concerning my health care. I understand that information communicated by email/fax will be incorporated and retained in my legal medical record. Joslin also retains the right to terminate email as a communication option if it becomes unduly burdensome or used inappropriately.

**Any questions you may have about the appropriateness of email communication should be asked *before* signing.**

Signature of patient/guardian \_\_\_\_\_

Relationship to patient \_\_\_\_\_ Date \_\_\_\_\_, 2005

Please fax or mail this signed consent form to:

Joslin Clinic  
Health Information Management – Room 290