



Online Communication Informed Consent

The following agreement includes online communications with any physician, nurse, or any staff Member at New Life Center for Bariatric Surgery.

Instructions for Using Online Communications

You agree to take the following steps to keep your online communications to and from us confidential:

- Do not store messages on your employer provided computer; otherwise personal information could be accessible and/or owned by the employer.
- Use screen savers, or close your window instead of leaving your messages on the screen for passersby to read, and keep your password safe and private.
- Do not allow other individuals or other third parties access to the computer(s) on which you store medical messages or other personal medical information.
- Do not send any e-mails to any staff's home (non-work) e-mail addresses.
- Use good communication etiquette:
 - Confirm that your name and other personal information in the message is correct. Always give your date of birth and social security number so that we can confirm that you are the person sending the e-mail.
 - Review the message before sending it to make sure that it is clear and that all relevant information is included.

Conditions of Using Online Communications

The following agreements and procedures relate to online communications:

- We will file a copy of all medically prudent online communications and include it in your medical record. This means that all appropriate members of our staff will have access to these communications as part of our medical records keeping, treatment and billing.
- You should print or store (on a computer storage device owned by you and controlled by you) a copy of all online communications that are important to you.
- We will not forward online communications with you to third parties, except as authorized or required by law.
- You agree to follow the procedures that we require that will allow us to verify your identity in connection with online communications. You also acknowledge that failure to comply with those procedures may terminate our online communications.
- Online communications will be used for only limited purposes. It cannot be used for emergencies, time sensitive matters, or requesting copies of your medical records. It should be used with caution. It should not 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 dependency, etc)
- We will make every attempt to respond within 48 hours Monday through Friday. However, there will be times when this is not feasible, and you understand and agree to accept variations in response times and use other forms of communications with us if online responses are not satisfactory to you. Please note that online communications should never be used for emergency communications or urgent matters.

- While we will take reasonable precautions to protect your information, we are not liable for improper disclosure of confidential information unless it was caused by our intentional misconduct.
- Follow-up is your responsibility. You are responsible for scheduling any necessary appointments and for determining if an unanswered online communication was received.
- You are responsible for taking steps to protect yourself from unauthorized use of online communications, such as keeping your password confidential. We are not responsible for breaches of confidentiality caused by you or an independent third party.

Access to Online Communications

The following pertains to access and use of online communications:

- Online communications does not decrease or diminish any other ways in which you can communicate with us. It is an additional option and not a replacement. You are encouraged to contact us via telephone, mail or in person, as always, if you have any questions or needs.
- We may stop providing online communications with you or change online services provided at anytime without prior notification to you.

Risks of Using Online Communication

All medical communications carry some level of risk. While the likelihood of risks associated with the use of online communications, particularly in a secure environment, is substantially reduced, the risks are nonetheless real and very important to understand. It is very important that you consider these risks each time you plan to communicate with PSA, and communicate in such fashion as to mitigate the potential for any of these risks. These risks include, but are not limited to:

- Online communication may travel farther than you planned. It is easier for online communications to be forwarded, intercepted, or even changed without your knowledge.
- It is harder to get rid of online communication. Back up copies may exist on a computer in cyberspace, even after both parties have deleted their copies.
- Online communication is not private simply because it relates to your own medical information.
- Though we will try to protect your information, we do not use a secure (password protected) e-mail system and therefore your communications could be exposed to malicious third parties seeking to misuse your information.
- Online communications are also admissible as evidence in court.
- Online communications may disrupt or damage your computer if a computer virus is attached.

Patient Acknowledgement and Agreement

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communication of online communications between NLCBS physicians, nurses, staff, and me, and consent to the conditions outlined herein. In addition, I agree to the instructions outlined herein, as well as any other instruction that NLCBS may impose to communicate with patients via online communications. I have had the chance to ask any questions that I had and to receive answers. I have been proactive about asking questions related to this agreement. My questions have been answered and I understand and concur with the information provided in the answers.

Date_____

Patient Name _____

Spouse/Partners Name _____

Patient Signature _____

Spouse/Partners Signature _____