



**PATIENT AUTHORIZATION AND
CONSENT FOR E-MAIL
COMMUNICATIONS WITH OHSU
HEALTHCARE PROVIDERS**

ACCOUNT NO.
MED. REC. NO.
NAME
BIRTHDATE

OHSU offers MyChart service to all patients to provide for confidential, secure electronic communications. By signing this form, you agree that you wish to use e-mail to communicate with your OHSU Healthcare Providers about your medical information. You also agree that you understand and accept the risks associated with using e-mail for such communications.

I AGREE AND UNDERSTAND:

- In case of emergency, I am to contact emergency medical services immediately. E-mail is never appropriate for urgent or emergency problems.
- E-mail communications may contain information I wish to keep confidential, such as information about my healthcare treatment or diagnosis.
- E-mail is not confidential and there is no way to assure the privacy of e-mail on a shared computer or e-mail account. E-mail communications travel across the public Internet. It is not possible to verify that e-mail is actually received, opened and read by the addressee.
- Healthcare Providers are OHSU staff members of my healthcare team (for example, my physician, Physician's Assistant, Nurse Healthcare Provider, Nurse, etc.) and I may receive an e-mail response from any member of my healthcare team.
- Healthcare Providers will only communicate via e-mail with me on matters pertaining to my medical care and treatment and such correspondence may become a part of my OHSU medical record. It is important to include my name on the first e-mail that I send to OHSU in a day.
- OHSU takes no responsibility for and disclaims any and all liability arising from any breach of confidentiality not caused by OHSU, inaccuracies or defects in software, communication lines, virtual private network, the internet or my internet service provider, access system, computer hardware or software, or any other service or device that I use to access e-mail.
- Since e-mail may not be monitored when Healthcare Providers are out of the office, I will follow-up by telephone or in person if I do not receive a response within 2-3 calendar days.
- OHSU and its Healthcare Providers reserve the right to terminate e-mail communications with me at any time for any reason without prior notice.

I hereby request and consent to the use of e-mail to communicate with my OHSU Healthcare Provider. I understand that I may revoke this agreement in writing at any time by contacting OHSU Healthcare Provider or the OHSU Integrity Office 3181 SW Sam Jackson Park Rd Mail Code: L106-IO Portland, OR 97239-3098 I authorize my OHSU Healthcare Provider to share confidential information about my healthcare treatment or diagnosis via e-mail.

All e-mail correspondence coming to me should be sent to the following internet e-mail address:

Please print the e-mail address you wish to use clearly: _____

I agree to notify my OHSU Healthcare Provider if my email address changes. I understand that my OHSU Healthcare Provider will not send communications to a new email address until I have verified the new email address with my OHSU Healthcare Provider.

Patient Signature: _____ Date: _____ Time: _____

OHSU Healthcare Provider Name (print): _____

Signature of OHSU Healthcare Provider: _____ Date: _____ Time: _____

