

ELECTRONIC COMMUNICATION (PORTAL/E-MAIL) AGREEMENT

messages and we understand you can't guarantee that you will respond to ours. In cases of uncertainty, we will try other ways of communicating.

6. **Sensitive medical information.** Castle Rock Pediatrics can't always know what information you consider especially private and we take care with all medical records, but we know that some facts are more sensitive than others. Because E-mail can't be guaranteed 100% secure, please don't put extremely sensitive matters in messages without considering this.
7. **Voluntary.** Using E-mail is voluntary for both of us. If we feel you are using E-mail inappropriately (or, if we think your address has been hacked by an imposter), we may block your messages. If you decide you don't want to receive E-mail from us any longer, please contact us to let us know.
8. **Change of address.** If your E-mail address changes, please contact us.
9. **Non-essential uses.** We will only use your E-mail address for important communications related to our practice. We will not give your E-mail address to anyone who is not part of our practice. Please don't send non-essential messages to us, because they slow down our ability to respond to the important ones.
10. **Mistakes.** Mistakes happen. If you believe you have received or sent a message by mistake, or one that contains errors, please let us know. Please delete messages that are not intended for you.
11. **Other risks.** In addition to those above, electronic communication can have other risks and disadvantages that might cause inconvenience or harm. Everyone, using electronic communication needs to use good judgement about these valuable technologies, and must remember that there are alternatives that would be better for some situations.

Acknowledgement and Agreement

I acknowledge that I have read this form. I understand that electronic (online) communication has risks, including possible risks not mentioned above. I agree to abide by the policies described above. I agree to use reasonable judgement with regard to any messages I send or receive. I do not have any unanswered questions about what this Agreement requires.

Patient (or legal representative) name: _____

Signature: _____ Date: _____

E-mail address to be used: _____