CONSENT TO COMMUNICATE

Marc LussierMD
PLASTIC SURGEON
TOWN CENTER SURGERY
TOWN CENTER SURGERY

PATIENT:_____

EMAIL:_____

As required by the Health Information Portability and Accountability Act of 1996 you have a right to request that communications concerning your personal health information be made through confidential channels. This medical practice will not ask you why you are making your request, and will make reasonable efforts to accommodate all reasonable requests. Some method of contact must be provided, and as appropriate, information as to how payment will be handled.

Please mark the ways that you consent to us communicating with you:

Preferred Contact Method(s)	Area code and number	Ok to Leave Voicemail	Ok to Leave Message with Another Person	Best Time to Call*
☐ Call Work	( ) - -	☐ Yes ☐ No	☐ Yes ☐ No	
☐ Call Cell	( ) - -	☐ Yes ☐ No	☐ Yes ☐ No	
☐ Call Home	( ) - -	☐ Yes ☐ No	☐ Yes ☐ No	

Best Time to Call _____
Examples: *morning, afternoon, daytime, evening, emergency only, do not call,* or *do not leave a message*

Ok to send Email? ☐ Yes ☐ No
Ok to send Regular Mail? ☐ Yes ☐ No
Email Medical Info/Communicate with Staff ☐ Yes ☐ No
Send Appointment Reminders ☐ Yes ☐ No If yes, you prefer: ☐ Email ☐ Text Message
Receive Monthly Special Offers ☐ Yes ☐ No If yes, you prefer: ☐ Email ☐ Text Message

If it's ok to leave a message or discuss health information with another person, please list them:

Name	DOB	Relationship	Contact Number

OK to Discuss Health Information ☐ Yes ☐ No

Please list your **Emergency Contact(s)**:

Name	DOB	Relationship	Contact Number

Signature: _____ Date: _____

PATIENT REQUEST FOR EMAIL COMMUNICATIONS

PATIENT _____

DATE OF BIRTH _____

EMAIL _____

PHONE _____

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TOWN CENTER SURGERY

Communications over the Internet and/or using the email system may not be encrypted and may not be secure. There is no assurance of confidentiality when communicated via email.

Please be advised that: This request applies to Marc Lussier, MD, Inc., and/or associated staff.

I understand and agree to the following:

- I certify the email address provided on this request is accurate, and that I accept full responsibility for messages sent to or from this address.
- I have received a copy of the IMPORTANT INFORMATION ABOUT PATIENT EMAIL form and I have read and understand it.
- I understand and acknowledge that communications over the Internet and/or using the email system may not be encrypted and may not be secure; that there is no assurance of confidentiality of information when communicate this day.
- I understand that all email communications in which I engage may be forwarded to other providers for purposes of providing treatment to me.
- I agree to hold Marc Lussier MD, Inc., and/or individuals associated with it harmless from any and all claims and liabilities arising from or related to this request to communicate via email.

PATIENT / GUARDIAN SIGNATURE _____ **Date** _____

If personal representative, authority to act on behalf of patient

PATIENT _____ **DATE OF BIRTH**_____

EMAIL _____

PHONE _____

IMPORTANT INFORMATION ABOUT PATIENT EMAIL

As a patient of Marc Lussier MD, Inc., you may request we communicate with you by electronic mail (email). This Fact
Sheet will inform you about the risks of communicating with our office and how we will use and disclose provider/patient email.

PLEASE READ THIS INFORMATION CAREFULLY

Email communications are two-way communications. However, responses and replies to emails sent to or received by either you or your health care provider may be hours or days apart. This means that there could be a delay in receiving treatment for an acute condition.

If you have an urgent or an emergency situation, you should not rely solely on provider/patient email to request assistance or to describe the urgent or

emergency situation. Instead, you should act as though provider/patient email is not available to you – and seek assistance by means consistent with your needs.

Email messages on your computer, your laptop, and /or your phone have inherent privacy risks-especially when your email access id provided through your employer or when access to your email messages is not password protected.

Unencrypted email provides as much privacy as a postcard. You should not communicate any information with your health care provider that you would not want to be included on a postcard that is sent through the Post Office.

Email messages may be inadvertently missed. Email is sent at the touch of a button. Once sent, and email message cannot be recalled or cancelled. Errors in transmissions, regardless of the sender's caution, can occur.

In order to forward or to process and respond to your email, associate staff may read your email message. Your email message is not a private communication between you and your treating provider.

Neither you nor the person reading your email can see the facial expressions or gestures or hear the voice of the sender. Email can be misinterpreted.

At your health care provider's discretion, your email messages and any and all responses to them may become part of your medical record.

PLEASE RETAIN, THIS IS FOR YOUR RECORDS