

Sanford M. Silverman, MD, PA

*Comprehensive Pain Medicine
Spinal Diagnostics and Therapeutics*

The practice of Dr. Sanford M. Silverman offers patients the benefit of communication via e-mail. In addition to personal and telephone discussions, I _____ would like to use e-mail as a method of communication with Dr. Sanford Silverman's office and have read and understand the following:

PRIVACY. I understand that e-mail may be used only for non-emergency questions and requests in the ordinary course of business and, as a result, persons employed by the practice will be responsible access to and processing such communication. The following staff members and physician will have the right to access e-mail communication received by the practice:

Dr. Sanford M. Silverman, MD

Monica Longobardi, Office Manager

Amanda Wilson, Clinical Assistant

Jacqueline Jubenville, Clinical Assistant

Susan Hausmann, Front Desk

Stephen Byczek, ARNP

I understand that confidential and sensitive information will never be shared with a third party without my written authorization. I also understand that there are certain situations in which Dr. Silverman may share my e-mail messages without written authorization. I understand that if law requires a disclosure, only the minimum amount of information necessary to achieve the purpose of the request will be disclosed. Subsequently, I will receive notice that the disclosure was made.

RESPONSE TIME. The practice will make every effort to respond to your e-mail request within one business day. If, for any reason (such as vacation, illness, emergency), I am unavailable to answer your e-mail within the designated time frame, you will receive a response from another employee from the practice authorized to address your e-mail.

PERMISSIBLE USE. Dr. Silverman's office will allow e-mail use for the medical advice and non-urgent or non-emergency matters including:

Appointments	Billing/ Insurance questions
Prescription refills	Non-emergency Advice

NON-PERMISSIBLE USES. Prohibited uses of e-mail include but are not limited to:

1. Urgent or time-sensitive communication
2. 2. Highly confidential or sensitive information

3. Using e-mail to attach large database files or files containing inappropriate materials unrelated to the permissible uses defined above.

If our practice feels the content or subject matter of an e-mail is inappropriate for an electronic response, we reserve the right to refuse communication via e-mail and will suggest alternate means to discuss the question or request. I understand that at no time should I expect a diagnosis, a recommendation of treatment or a prognosis via e-mail regarding a complaint or symptom for which the physician did not see me personally on prior occasions.

I understand that any time Dr. Silverman's office may terminate e-mail communications with me and that I will be notified of such termination by telephone. I understand that termination of on-line communication does not necessarily mean termination of the patient-physician relationship.

PATIENT RESPONSIBILITIES. I understand that e-mail should be used only for the appropriate messages and non-urgent situation. I agree to call the practice immediately if the situation escalates to a point where a phone call or visit is necessary. I also agree to do the following when making an email request:

1. Place my full name in the first line of the body of the message.
2. Configure automatic replay to acknowledge receipt of the message, if possible.

I also understand that all messages with replies and confirmation of receipt will be printed and placed in the patient's medical record, and is the patients' duty to maintain their own copies of e-mail communication.

SECURITY. Dr. Silverman's office has the following security mechanisms in place to secure confidential and sensitive information or private information:

- 1 Encryption will be used for all messages when practical and always for confidential or private information
- 2 Password protection allows access only to authorized users permitted to access and handle all office e-mail communications.
- 3 Password protected screen savers will be used on computer, including keeping all screens out of public view.
- 4 Information sent in a group mailing will maintain the confidentiality of the patient by using a blind copy to keep recipient invisible to each other.

INDEMNIFICATION. You agree to indemnify defend and hold harmless Dr, Silverman's office, its officers, directors, employees, agents and independent contractors from and against all losses, expenses, damages and costs arising out of your use of www.cpmmedicine.com, any activity related to our patient account information and any information lost to technical failures.

CONSENT

I have read this consent, have been given the opportunity to discuss the issues with the practice that by signing this consent I agree to the above policy and conditions established by this practice. I understand that I may also withdraw consent for the use of e-mail interactions at any time without affecting my right to future treatment.

Patient Name

Date