



You and your Healthcare provider have agreed to correspond using electronic mail (Email). This form provides guidelines for the intended use of this type of communication, and documents for your consent.

E-Mail Use: Generally, email correspondence should be between the provider and an adult patient 18 years or older, or parent or legal guardian of a minor.

Privacy and Confidentiality: Unless your provider tells you specifically that the email will be conducted via a secure server, consider email like a postcard that can be viewed by unintended persons. In addition, the content of an email may be monitored by the hospital to ensure appropriate use.

Discuss with your provider who will process your email messages during business hours, vacations or illness. All emails regarding your care will be included in your medical record.

Creating a Message: On the "Subject" line, include the general topic of the message, for example, Appointment or Advice. In the body of the message, include your name and your identification number (Medical Record Number) or your date of birth.

Content of The Message: Email should be used only for non-sensitive and non-urgent issues. Types of information appropriate for email include:

Appointment scheduling
Routine followup inquiries
Questions about medical services, etc.

According to Florida law, your provider may not communicate any lab results unless your email correspondence is conducted through a secure server. Additionally, email must never be used for results of testing related to HIV, sexually transmitted disease, hepatitis, drug abuse or presence of malignancy, or for alcohol abuse or mental health issues.



EMAIL CONSENT FORM

Response Time: Discuss with your provider the expected time in which to receive a response. If the expected time is exceeded, call your provider at the phone number below.

Ending Email Relationship: Either you or your provider may request via email or letter to discontinue using email as a means of communication.

Disclaimer: **Jupiter Medical Center is not responsible for email messages that are lost due to technical failure during composition, transmission and/or storage.**

I have read and understand the information above, and have had any and all questions answered to my satisfaction. I agree to the guidelines for email communication.

Patient or Representative Signature _____

Relationship to Patient _____

Patient Email address (please print) _____

Provider Name: Jupiter Medical Center **Provider Telephone Number:** (561) 263-5050

Provider Email Address: Global.Medicine@jupitermed.com

Patient Coordinator, Global Medicine Services
Office: (561) 263-5050 • Fax:(561) 263-0458
Email: Global.Medicine@jupitermed.com