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PATIENT-DOCTOR E-MAIL AGREEMENT

PATIENT INFORMATION

Name (Last, First, M.I.)

E-Mail Address (Only 1)

@

E-mail offers an easy and convenient way for patients and doctors to communicate, however patients need to be aware of the following:

E-mail cannot be considered to be a confidential mode of communication.

E-mail should not be used for highly sensitive information due to the potential risk of misdirection to unintended recipients, interception, hacking or misuse.

E-mail should not be considered to be a substitute for face-to-face contact with the doctor.

E-mail should not be used for urgent matters that require a response in less than 48 hours.

E-mail should not be used for matters with serious consequences or very complicated explanations.

Messages from patient and replies by provider will be printed and retained in patient's medical record.

Examples of Appropriate Use:

Names, addresses and phone numbers of other facilities / providers to whom patient is referred.

Routine test results with interpretation and recommendations.

Instructions for taking medications.

Nutritional advice.

Exercise advice.

Patient education, such as links to other resources.

Replacement for non-urgent telephone messages between patient and doctor.

Requests for prescription refills.

Requests for scheduling or changing appointments (subject to the understanding that cancellations not made at least 24 hours in advance will be charged).

Provision of patient status reports requested by the doctor.

The subject line of the message should contain the category of message:

Prescription

Appointment

Status Report

Other

Only E-Mails with the above sender E-Mail address will be accepted. It is the patient's responsibility to notify the doctor of any changes to the E-Mail account. E-Mail attachments will not be opened.

The signature below acknowledges that the signer has read and understands the above information.

PATIENT / GUARDIAN SIGNATURE

DATE