

Sample Informed Consent Form for Electronic Communication with Patients

This document is designed to ensure that electronic communications between John C. Simoneaux, Ph.D. and (patient name) _____ are carried out in a safe and prudent manner. I apologize for the length and complexity of this document. Since e-mail is so convenient and useful, however, it also comes with great risks. Being aware of these risks will go a long way toward eliminating problems.

Dr. Simoneaux's e-mail address is: simoneaux1@juno.com. No person, besides office staff, have access to this account. The e-mail is retrieved three times daily: at 8:00 a.m., noon, and 5:00 p.m. For this reason, e-mail messages should not be used for urgent matters. In the case of an emergency, the answering service or the office (318-641-0800) can be reached 24-hours a day. Dr. Simoneaux will subsequently be paged and will return your message as soon as possible, usually within the hour. Occasionally, however, certain circumstances prevent an immediate reply (for example, during court testimony, emergencies with other patients, etc.) In those cases, please promptly contact the local emergency room at (hospital name and number) _____.

Only office staff will process e-mail messages. In the event that Dr. Simoneaux is on vacation or is ill, you will be informed about who will be taking his calls and/or reviewing e-mail messages.

Please be aware that all e-mail messages and replies will be printed and will become a part of your record which is securely maintained at the office of Consulting Psychologists of Central Louisiana. Dr. Simoneaux is the final arbiter of what goes into your record. Legal and ethical guidelines insist that all pertinent information be included in your chart – therefore, you may not ask that certain records be deleted. If you do not want certain information in your record, please ensure that such information is not included in an e-mail communication.

Your e-mail software allows you to include the “subject” of the message in a special area. You will be expected to include a “subject” on all messages to Dr. Simoneaux. This allows for screening messages that need to be answered immediately as opposed to those that may be delayed for a period. Message categories may include (but are not limited to):

- “Appointment confirmation”
- “Advice”
- “Billing Question”
- “Cancellation of Appointment
- “Information”

In any case, all e-mail messages will be answered, in some fashion, within 24-hours of the receipt of the message. When you send a message, you will automatically receive a reply from the office indicating that the message has been received. Always include your name and patient ID number (last four digits of social security number) in the body of your message. This is so I can be certain that the message is from you.

It will be necessary, when you receive a message from me, for you to use the “autoreply” feature of your e-mail program to acknowledge that the message has been received. I will not assume that the message has been received or read if this reply does not occur. All messages from me will come with a header that says “THIS IS A CONFIDENTIAL COMMUNICATION”.

Please notice that all of my messages to you will include information telling you what actions to take if e-mail is not sufficient. Contact information will be provided. Again, **DO NOT USE E-MAIL FOR EMERGENCIES**.

You should know that I will not use e-mail to send group mailings, nor will I provide your address to anyone else, unless you specifically request this in writing.

The computer at my office is quite secure. No one, apart from me or my staff, has access to the information. An encryption program (PGP) is used, with appropriate password protection, to prevent unauthorized exposure to sensitive materials. Password protected screensavers are used, and Internet activity on this computer is protected by a firewall which prevents others from accessing information on the computer. The encryption software provides an additional level of protection. If you wish, I can provide you with the same encryption software, for a nominal fee, along with instructions on how to use this software to protect the messages on your end. If you do not choose to use this software, there is a space below where you can indicate that choice.

As you know, Dr. Simoneaux and/or Consulting Psychologists of Central Louisiana, Inc., cannot be responsible for any liability or damage that comes about as a result of network infractions that are beyond my control, such as system crashes, power outages, or overloads of the Internet Service Provider.

I have read, understood, and agree to all of the provisions listed above. Any questions that I may have had about these provisions have either been answered in this document, or by Dr. Simoneaux and/or his staff.

- I do agree to these provisions and will use e-mail to communicate with Dr. Simoneaux and/or his office
- I do not agree to these provisions and choose not to use e-mail. I will communicate with the office through conventional means.

Patient Name/Date

Witness Name/Date

- I do agree to use encryption software on my computer as described above
- I do not agree to use encryption software on my computer as described above.

Patient Name/Date

Witness Name/Date