



# **SOUTHWEST ALLERGY AND ASTHMA CENTER, P.A.**

ADULT & PEDIATRIC ALLERGY & ASTHMA

Bruce G. Martin, D.O.

Roberto Rodriguez, M.D.

Angelica Aguilar, FNP-BC

## **Patient Authorization for E-mail/Fax Communication**

### **Appropriate uses for e-mail/fax**

E-mail/fax may be used to request information and ask no-urgent questions. It should not be used in emergencies. If you are experiencing a sudden or severe change in your health or otherwise need an immediate response, please call 210 616-0690, call 911, or go to an emergency room.

E-mail/fax may be used to send protected personal health information for:

- \*FMLA paperwork
- \*School/Work excuses
- \*Test results
- \*Patient educational material
- \*Medical statements

### **Keeping records of e-mail/fax communications**

E-mail/fax communications will be documented in one of two ways: (1) an electronic note maintained in our computer system and /or (2) a paper copy filed in your medical record.

### **Sending e-mail/fax**

If we do not answer your e-mail/fax in 2-3 days contact the office by telephone.

### **Privacy and security of e-mail/fax**

***Do not use e-mail/fax to send or request sensitive information.*** This includes personal information you do not want other people to know about. Additionally, you should be aware of and understand that if you use e-mail/fax provided by your employer, any e-mail/fax sent on your employer's system may be viewed by your employer.

***Southwest Allergy and Asthma Center, P.A. cannot and does not guarantee the privacy or security of any messages being sent over the Internet.*** There is the potential that e-mail/fax sent over the Internet can be intercepted and read by others. If this is of concern to you, you should not communicate with your healthcare provider through e-mail/fax.

This document along with Southwest Allergy and Asthma Center, P.A. "Notice of Privacy Practices" constitutes a notice of privacy practices for e-mail/fax use as required by the Texas State Board of Medical Examiners.



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## Patient Authorization for E-mail/Fax Communication/Signature Page

### Authorization to use e-mail/fax

I have been informed of and understand the risks and procedures involved with using e-mail/fax. I agree to the terms listed on this form and hereby voluntarily request, consent to, and authorize the use of e-mail as one form of communication with my physician, and his /her associates, technicians and other health care providers.

You will be given a copy of this signed form to keep for your records.

I hereby give consent to Southwest Allergy and Asthma Center, P.A to communicate with me via e-mail/fax. I understand and agree that:

- I will use e-mail/fax for non-emergency purposes only;
- I have received a copy of this office's e-mail/fax policies and have had a chance to ask questions about them;
- I understand that e-mail/fax communications from Southwest Allergy and Asthma Center, P.A. are not encrypted and that the security of such e-mails/faxes cannot be guaranteed;
- I understand that all e-mail/fax communications will be filed in my permanent medical record; and
- I agree to inform the office in writing if my e-mail/fax address changes.

My current e-mail address: \_\_\_\_\_ fax: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print full name \_\_\_\_\_

Witness \_\_\_\_\_