

Authorization to Send and Receive Medical Information by Email/Text

Focus on Kids Optometry (“us” or “we” or “our”) sends information by email and/or text (“messages”) to the patient (“you” or “your”).

RISKS: Transmitting messages has a number of risks you should consider, including:

Messages can be forwarded, circulated, intercepted, received by many unintended recipients, easily misaddressed by the sender, used to introduce viruses, and not all message service providers support end-to-end encryption.

Messages are easy to falsify, backup copies of messages may exist even after it’s been deleted, and employers and online services have a right to archive and inspect messages transmitted through their systems.

CONDITIONS: Because of the Risks outlined above we cannot guarantee the security and confidentiality of email/text communication and we will not be liable for improper use and/or disclosure of confidential information that is not caused by our intentional misconduct. Thus, you must consent to the use of email/text and agree with the following conditions:

1. All messages to or from you concerning diagnosis or treatment will be saved as part of the medical record and other authorized individuals will have access to those messages. We may forward messages internally to our staff and agents as necessary for diagnosis, treatment, reimbursement, and other handling.
2. Although we will endeavor to read and respond promptly to a message from you, we cannot guarantee that any particular message will be read and responded to within any particular period of time. Therefore, you shall not use messages for medical emergencies or other time-sensitive matters.
3. If your message requires or invites a response, and you have not received a response within a reasonable time period, it’s your responsibility to follow up with us to determine whether the intended recipient received the message and when the recipient will respond.
4. You should not use messages for communication regarding sensitive medical information, such as information regarding sexually transmitted diseases, AIDS/HIV, mental health, developmental disability, or substance abuse. You are responsible for informing us if there is any other types of information you don’t want to be sent by email/text.
5. You are responsible for protecting your password or other means of access to email/text. We are not liable for breaches of confidentiality caused by you or any third party.

INSTRUCTIONS: To communicate by email/text, you shall:

Inform us of changes in your email address or text number, put your name in the body of the message, include the category of the communication in the email’s subject line or body of a message for routing purposes (e.g., billing question), review the message to make sure it is clear and that all relevant information is provided before sending, take precautions to preserve the confidentiality of messages, and withdraw consent to email/text only by email or written communication.

Contact our privacy official at [308-224-2012](tel:308-224-2012) with any unanswered questions before communicating with us.

PATIENT ACKNOWLEDGMENT AND AGREEMENT: I acknowledge that I have read and fully understand the risks associated with communication by email and text, and consent to the conditions and agree to the instructions outlined above.

Signature of patient or personal representative

Date

Printed name of patient or personal representative

Phone number for text messages

Email address authorized for sending medical records