

E-MAIL CORRESPONDENCE CONSENT FORM

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

IN A MEDICAL EMERGENCY, DO NOT USE E-MAIL. CALL 911.

E-mail Use:	Generally, e-mail correspondence should be between the provider and an adult patient 18 years or older, his/her legal representative, or a parent or legal guardian of a minor.
Privacy and Confidentiality:	<p>Unless your provider tells you specifically that the e-mail will be conducted via a secure server, you should consider e-mail like a postcard that can be viewed by unintended persons.</p> <p>Discuss with your provider who will be processing your e-mail message during business hours, vacations, or illness. E-mails regarding your care are considered part of your dental record.</p>
Creating a Message:	On the "Subject" line, please include the general topic of the message; for example, "Prescription" or "Appointment" or "Advice". In the body of the message, please include your name and your Dental Record Number or your date of birth.
Content of the Message:	<p>E-mail should be used only for non-sensitive and non-urgent issues.</p> <p>Types of information appropriate for e-mail include:</p> <ul style="list-style-type: none">• Questions about prescriptions• Routine follow-up inquiries• Appointment scheduling <p>According to California law, your provider may not communicate any lab results unless your e-mail correspondence is conducted through a secure server.</p>
Response Time:	Discuss with your provider the expected timeframe in which you can expect to receive a response. If the expected time is exceeded, please contact your provider via e-mail again, call him/her, or visit the UCLA Dental Clinics in person.
Ending E-mail Relationship:	You may request to discontinue using e-mail as a means of communication by contacting your provider via e-mail or letter.

DISCALIMER: The UCLA Dental Clinics are not responsible for e-mail messages that are lost or stolen due to technical failure during composition, transmission, and/or storage.

I have read and understand the information above and have had all questions answered to my satisfaction. I agree and consent to the guidelines for the use of e-mail communications with my dental care provider.

Patient Signature

Patient Name

Date

OR

Patient's Representative Signature

Relationship

Patient's Representative Name

Date