

MINDHEALTH ASSOCIATES

CONSENT FOR ELECTRONIC MAIL (“EMAIL” AND TEXT) USE

Leif Benjestorf, ARNP, Erika Giraldo, ARNP and Brooke Gum, ARNP (hereby referred to as MindHealth Associates) offers patient the opportunity to communicate by Email/text for non-urgent matters. This form provides the guidelines regarding Email/text communications, and documents your consent to both the use of Email/text while acknowledging the problems that may arise at any time when Email/text is utilized.

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

Email/text Use: Email/text communications should be between MindHealth Associates and an adult patient 18 years of age or older, or the parent or guardian of a minor.

Limitations: It is recommended that you do not use Email/text for communicating sensitive medical information such as sexually transmitted diseases, HIV, hepatitis, substance abuse, mental health or presence of malignancy. If you do so, then MindHealth Associates cannot and is not responsible if any such information is inadvertently released or obtained by third parties.

Confidentiality: Although MindHealth Associates believes they have implemented reasonable technical safeguards, they cannot and do not guarantee the privacy, security or confidentiality of any Email/text messages sent or received over the Internet or cell towers. There is a potential that Email/text sent or received over the Internet or cell towers can be intercepted, altered, forwarded, and/or read by others. MindHealth Associates is not responsible for Email/text messages that are lost due to technical failure during composition, transmission, or storage. MindHealth Associates will not forward Emails to independent third parties without your prior written consent, except as authorized or required by law. If any of this is a concern to you, then you should not communicate with MindHealth Associates through Email

Subject: In the “Subject” line of the email, please include general topic of your message, i.e., prescription, appointment, medical advice, billing question.

Body: In the body of the message, please include the patient’s name and date of birth. This information is necessary to verify your identity and make sure we pull the correct medical file. It is recommended that **Email/text** should only be used for non-sensitive and non-urgent issues such as:

Appointment scheduling; Prescriptions / refills; General medical advice after an initial face-to-face visit; Billing Questions; Referrals; Lab/Test Results;

Response Time: Although MindHealth Associates will endeavor to read and respond within 24 hours to any Email/text sent during the business week, they cannot guarantee that any particular Email/text will be responded to within any particular period of time. If you have not received a response within 3 days, please call.

Documentation: Email/text communications regarding treatment will be documented in your medical record by placing a copy of the message in your file.

Ending Email/text: You may discontinue using Email/text as a means of communication by sending an Email/text or letter to the Clinic clearly stating that you no longer wish to communicate by email. MindHealth Associates reserves the right to stop communicating with patients by **Email/text** and will notify them of this in writing.

I acknowledge that I have read and fully understand this consent form and that I voluntarily request the use of Email/text as one form of communication with MindHealth Associates.

Printed Name of Patient

Date

Signature of Patient, Parent or Personal Representative

Relationship (If other than patient)

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