

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: 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. 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.

- 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: E-mail should be used only for non-sensitive and non-urgent issues. Types of information appropriate for e-mail include:
 - Questions about prescriptions
 - Routine follow-up inquiries
 - Appointment schedulingAccording to California law, your provider may not communicate any lab results unless your e-mail correspondence is conducted through a secure server.

- Response Time: Discuss with your provider the 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.

DISCLAIMER:

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

OR

Patient's Representative Signature

Patient's Representative Name

Date

Relationship

Date