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Our Agreement

I wish to communicate with the office of Dr. XX and Dr. XX by email. I am aware that email communication is not 100% reliable or secure, but I acknowledge that the doctors and their staff assured me that they make every effort to protect my privacy, and I wish to use email to communicate with them.

1. I am aware and agree that a hard copy of all email correspondence will be filed in my medical chart.
2. I agree to include my name, home or mailing address and telephone number in the body of all email I send to my doctors' office to ensure that they have an alternate means of contacting me.
4. I will limit my email to: ask routine, non-urgent medical questions; make an appointment; request a non-narcotic prescription refill; or report a mild reaction to treatment.
5. I agree to fill in the subject line of each email to alert the doctors and their staff of the purpose of my message. (e.g., REFILL; QUESTION; APPOINTMENT; etc.)
6. I will not email my doctor regarding emergencies, as I am aware that time-sensitive matters are not appropriate for email communication.
7. I will not communicate by email about information or questions related to 1) highly sensitive subjects such as HIV/AIDS or STDs; 2) questions or problems of a sexual nature; 3) alcohol or drug dependence or treatment; or 4) questions about my mental health.
8. If I do not get a response to my email within XX hours, I will contact the doctors or their staff via other means.
9. I know I am responsible for following the medical advice the doctors convey to me by email.
10. I accept that if I fail to follow this agreement related to our email correspondence, that the doctors will limit my correspondence to more traditional means, such as the telephone and/or US mail.
11. I request and authorize the doctors or their staff to communicate my routine negative lab results to me via email.
12. I have asked all the questions I had about the doctors' email policies and my questions were answered to my satisfaction. I understand the policies and agree to abide by them in full.
13. [Optional: I agree to pay the doctors' fees for email communication in the event my health insurance does not cover the charges.]

Patient's signature

Date

Patient's email address

Doctor's signature

Date

cc to patient

Figure 2