CONRAD J. TIRRE, MD, FACS
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Patient Portal: **https://health.eclinicalworks.com/DrConradTirre**

Communication by Email Authorization

Dr. Conrad J. Tirre's office (the Provider) offers patient communication via email and through our Patient Portal. This form provides information about the risks of emails, guidelines for email communication, and how we use email communication. It will also serve to document the patient's consent for communication by email. The preferred method of communication is by appointment, telephone or by using the Patient Portal.

Transmitting patient information by email has a number of risks that patients should consider which include the following:

- Email can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients
- Backup copies of emails may exist even if the file has been deleted
- Can be received by unintended recipients
- Can be intercepted, altered, forwarded, or used without authorization or detection
- Senders can easily type the wrong email address
- Can be used to introduce viruses into the computer system
- Employers and online services have a right to inspect email transmitted through their system

The Provider cannot guarantee, but will use reasonable means to maintain security and confidentiality of email information sent and received. Patient consents to the following conditions: Email is not appropriate for urgent or emergency situations. The Provider may use email to communicate only about non-sensitive and non-urgent issues. All emails to and/or from the patient will be made a part of the medical record. The email message may be forwarded to another office staff member as necessary for appropriate handling. It is the patient's responsibility to follow up and/or schedule an appointment if warranted. The Provider cannot guarantee that any particular email will be read or responded to.

IN A MEDICAL EMERGENCY, DO NOT USE EMAIL OR THE PATIENT PORTAL, CALL 911. Do not email or use the Patient Portal for urgent problems. If you have an urgent problem during regular business hours, please call our office at 303-832-3965 or go to the nearest emergency room or urgent care facility. Emails should not be time-sensitive. While we try to respond to email messages daily, **it may take up to three (3) working days** for us to respond to your message. If you have not heard back from us within three days, call our office to follow up if we have received your email. Urgent messages or needs should be relayed to us by using regular telephone communication.

I have elected to communicate with Dr. Conrad J. Tirre and his office staff (the Provider) by email through the patient portal or directly through email. I understand the risk of communicating by email, in particular the privacy risks explained in this form. I understand that the Provider cannot guarantee the security and confidentiality of email communication. The Provider cannot be responsible for messages that are received or delivered due to technical failure, or for disclosure of confidential information not caused by intentional misconduct. I understand that I may also communicate with the doctor and/or office by telephone or during a scheduled appointment, and that email is not a substitute for care that may be provided during an office visit. Appointments should be made to discuss any new issues or any sensitive medical information. I understand that I may revoke this consent at any time by so advising Dr. Conrad J. Tirre's Administrator in writing. My revocation of consent will not affect my ability to obtain future health care nor will it cause the loss of any benefits to which I am otherwise entitled.

I have read and understand this form. I have had the opportunity to ask questions and my questions have been answered to my satisfaction. I understand and agree with the information contained in this form and **give my consent for email communication to and from Dr. Conrad J. Tirre and his office staff.**

_____ _____

Patient Name Printed **and** Date of Birth Email Address (**please print legibly**)

_____ _____

Patient Signature Date

□ Decline email communication