

LIFESPAN



NATUROPATHIC MEDICINE

Angela Ross, Doctor of Naturopathic Medicine

3442A California Avenue SW, Seattle, WA 98116 | office: 206.400.7550 | fax: 855.577.7375

DrRoss@LifespanNaturopathic.com | www.LifespanNaturopathic.com

E-Mail Authorization and Consent

I have been advised that:

- E-mail is never, ever appropriate for urgent or emergency problems.
- E-mail is not confidential. Employers have a legal right to monitor e-mail if they choose; system operators for most e-mail systems have access to all e-mail that passes through their systems.
- E-mail communications travel across the public Internet. It is not always possible to verify that e-mail is actually received, opened, and read by the addressee.
- There is not a way to assure the privacy of e-mail on a shared computer or e-mail account.
- All e-mail correspondence will become a part of my medical record at Lifespan Naturopathic Medicine. It is extremely important to include my name on each and every e-mail sent to Lifespan Naturopathic Medicine.
- Since e-mail may not be monitored while my clinician is away on business or on vacation, I will follow-up by telephone or in person if I do not receive a response within a week.

I have been provided with information about the use of internet e-mail to communicate matters pertaining to my health and healthcare, and I understand the issues and concerns inherent in this use.

I acknowledge that I have access to a patient portal, which will allow more secure electronic messaging between Lifespan Naturopathic Medicine and me. I understand that, once I activate my secure patient portal, the only information that will be sent to my internet e-mail account from Lifespan Naturopathic Medicine will be appointment reminders or notifications that documents are available on the patient portal. I also understand that I can opt to have no electronic correspondence with Lifespan Naturopathic Medicine.

By including my Internet e-mail address and signing below, I am granting permission for Lifespan Naturopathic Medicine and its electronic medical record system (ChARM) to contact me electronically with non-sensitive information (such as appointment confirmations/reminders and notifications relative to the patient portal).

I designate that all e-mail correspondence coming to me should be sent to the following internet e-mail address:

Patient Printed Name

Patient/Guardian Signature

Date