

Consent for Electronic Correspondence

PLEASE DO NOT USE ELECTRONIC CORRESPONDENCE (E-MAIL or Patient Portal) FOR EMERGENCIES.

Due to Federal Privacy Laws, we must inform you that Austin Medical Associates does not use a secure traditional e-mail system or encryption; therefore we cannot guarantee privacy of information transmitted electronically through traditional e-mail. Austin Medical Associates will however, make every effort to protect your private health information transmitted through e-mail. We do offer access to our patient web portal through our web site at www.austinmedicalassociates.com as it is a secure method of communicating with the office. Patients will not be able to send attachments through the patient portal, only via fax, 512-477-1220. If we do not ask you if you want to be web enabled, please feel free to call us or ask us during a visit.

We do not offer a HIPAA secure e-mail outside of the patient web portal, however, we do have a traditional e-mail available because some patients find this a more convenient way to communicate and request that no personal, identifying information be included or attached that could compromise your privacy or security. Please be aware that e-mail sent to Austin Medical Associates will only be checked and responded to during our regular business hours which are 8:00 am to 12:00 pm and 1:30 pm to 5:00 pm, Monday through Friday. We intend to respond to your messages the same day they are sent. If you do not get a response in a timely manner you should contact our office by phone. Austin Medical Associates is not responsible for e-mail messages that are lost due to technical failure during composition, transmission and/or storage.

You may save this document to your computer and send as an attachment, fax to 512-477-1220, or mail to 2911 Medical Arts St., Bldg. 10, Austin, TX 78705.

If you have any questions about our e-mail policy or need further assistance please call 512-477-1405.

Consent:

I have read and understand the information above, and have had any questions answered to my satisfaction. I agree to the above guidelines for email communication. I hereby release Austin Medical Associates and its employees from any liability related to e-mail communication concerning my medical situation and history.

Please do NOT web enable me

I am already web enabled

Yes, Please web enable me for the Patient Portal and use _____

e-mail address

My e-mail address will not be shared nor sold.

Printed Name

Signature

Date