

Smart Medicine SF

Smart Medicine SF Email Procedures and Privacy information

1. I have read the information regarding e-mail procedures and the privacy and have received answers to all of my questions about using email to communicate with Smart Medicine SF staff and physicians.
2. I understand that email is never appropriate for urgent or emergency situations.
3. I understand that emails sent to Smart Medicine SF from any email address is considered insecure and I assume all responsibility for any misuse or misdirection of personal health information contained in such emails. I understand that if I desire to communicate with my doctor through a secure encrypted email system that can be arranged with Smart Medicine SF.
4. I have read the Practice Policies of Smart Medicine SF and have received the answers to all of my questions regarding the contents therein.
5. I have read the Privacy Practice for Protected Health Information policy of Smart Medicine SF and have had all of my questions answered regarding its contents.

Patient Name _____ Date of Birth _____

Signature _____ Date _____