

**REGIONAL FAMILY MEDICINE**  
630 BURNETT DRIVE MOUNTAIN HOME, AR 72653  
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Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ DOB \_\_\_\_\_

I \_\_\_\_\_ authorized permission to **discuss and/or release** medical information to the **following people**.  
**PLEASE FILL OUT NAMES BELOW**

_____ (Name)	_____ Relationship to Patient	_____ Phone Number
_____ (Name)	_____ Relationship to Patient	_____ Phone Number
_____ (Name)	_____ Relationship to Patient	_____ Phone Number
_____ (Name)	_____ Relationship to Patient	_____ Phone Number

**EMERGENCY CONTACT INFO:**

_____ Name	_____ Relationship	_____ Phone
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**PATIENT'S E-MAIL ADDRESS** \_\_\_\_\_

**E-MAIL RISK AND YOUR RESPONSIBILITY**

Regional Family Medicine (RFM) may use e-mail to communicate with you. These e-mails may contain your/your family member's personal health information. If you agree to permit RFM to use e-mail to communicate with you, you should be aware of the following risks and/or **your** responsibilities:

- a. The internet is not secure or private, unauthorized people may be able to intercept, read and possibly modify e-mails you send or are sent by RFM.
- b. The patient's personal information is required to ensure correct identification. (legal name and DOB)
- c. Be careful in the wording of your e-mail so the information is clear and describes the information you intend to convey and show consideration for sensitive medical information such as sexually transmitted diseases, mental health, disabilities, or substance abuse.
- d. You are responsible to make sure the information you provide is correct.

**CONDITIONS FOR THE USE OF E-MAIL**

By consenting to the use of e-mail with RFM you agree that:

- a. RFM may forward e-mail as appropriate for diagnosis, treatment, reimbursement, and other reasons related to your health care. RFM employees, other than the recipient may have access to e-mails that you send.
- b. RFM will not forward e-mails to independent third parties without your prior written consent, unless authorized or required by law.
- c. RFM will make every effort to respond promptly to your email but may not always be able to do so. If your e-mail requires or ask for a response and you have not received a response within a 24 hour time period. It is your responsibility to follow up directly with RFM.
- d. E-mails are not the only form of communicating that RFM will use to communicate with you and RFM may decide that it is not in you or your family member's best interest to continue communicating with you via e-mail.
- e. If you wish to discontinue communicating via e-mail you must do so in writing, not via e-mail.

**ACKNOWLEDGMENT AND AGREEMENT**

- a. RFM will use reasonable means to protect the privacy of the patient's health information. However, due to the risks mentioned above RFM will not be liable for improper disclosure of any health information that is **not** caused by RFM's intentional misconduct.

By signing below, I acknowledge that I have read and understand this consent form and understand the risk associated with the communications of e-mail between RFM and myself, and the conditions outlined herein, as well as any other instructions that RFM may impose to communicate with me by e-mail. I understand that this consent is valid until such time as I revoke the consent as outlined above.

Signature of Patient/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

RFM Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_