



ELECTRONIC COMMUNICATION CONSENT

I, _____, am an established patient of Integrative Medical Specialists, LLC., (IMS) and I wish to participate in medical electronic mail (e-mail.) I understand that this e-mail will not be entirely secure/private, although IMS will take every precaution to protect my privacy. All patient e-mail correspondence will be through a separate encrypted e-mail system.

Electronic communication such as email offers an easy and convenient way for patients and doctors to communicate. In many circumstances, it has advantages over office visits or telephone calls, but there are important differences. E-mail is not the same as calling our office; there is no person at the other end of the call – just a computer. You can't tell for certain when your message will be read, or even if your doctor is in the office or on vacation. Nonetheless, we believe that the ease of communication e-mail affords is a benefit to patient care. It will further assist us, if you could identify the nature of your request in the subject line of your message. Please also confirm your name and Date of Birth. Below are our rules for contacting us using e-mail.

- E-mail is never, ever, appropriate for urgent or emergency problems. Please use the telephone or go to the Emergency Department for emergencies.
- E-mail is great for asking those little questions that don't require a lot of discussion. Appropriate uses of e-mail also include supplement refill requests, referral and appointment scheduling requests and billing/insurance questions.
- I also understand that if my messages require more than just a quick response from my doctor at IMS, I will either be billed for the doctor's time or may receive a reply that I need to schedule an appointment.
- I also understand that this mode of communication is to be used for non-urgent questions or communication only. Any urgent messages or needs will be relayed using regular telephone communications. IMS has informed me that it may take up to three (3) working days to receive a response to my e-mail query.
- E-mails should not be used to communicate sensitive medical information, such as information regarding sexually transmitted diseases, AIDS/HIV, mental health, developmental disability, or substance abuse.
- E-mail is not confidential. It is like sending a postcard through the mail. Our staff may read your e-mails to handle routine, non-clinical matters. You should also know that if sending e-mails from work, your employer has a legal right to read your e-mail.
- E-mail may become a part of the medical record when we use it; a copy may be printed and put in your chart.
- E-mail is not a substitute for seeing us. If you think that you might need to be seen, please call and book an appointment.
- E-mails may be forwarded to our staff for handling, if appropriate.
- Finally, either one of us can revoke permission to use e-mail electronic communications at any time, which will impact future and not past communications.

I have read the above information and understand the limitations of security on information transmitted. I understand that my doctor may not be able to communicate with me electronically about my specific condition, if I live outside of the state of Kansas in which my doctor is licensed. (Please initial consent option below.)

Email Communications:

_____ Yes, I have read this consent to E-Mail communication and want to communicate with my doctor/staff electronically.

_____ No, I do not consent to E-mail communication and do not want to communicate with my doctor/staff electronically.

Join Our Mailing List:

IMS offers electronic and print notifications including but not limited to health programs, event notifications, discounts, and newsletters. If you opt in you will receive an email that will require you to confirm that you wish to sign up.

_____ Yes (OPT IN), please notify me of health programs, event notifications, discounts, and newsletters using electronic and print notifications.

_____ No (OPT OUT), Please do not notify me of health programs, event notifications, discounts, and newsletters.

Please complete all information below:

_____ E-mail Address

_____ State of Residence

I have fully read and understand the above consent and authorizations.

_____ Print Patient Name

_____ Chart ID (Office Use Only)

_____ Patient or Legally Authorized Individual Signature

_____ Date

_____ Printed Legally Authorized Individual Signature

_____ Date

The information contained in this e-mail is confidential, privileged, or otherwise protected from disclosure. It is intended only for the use of the authorized individual as indicated in the e-mail. Any unauthorized disclosure, copying, distribution or taking of any action based on the contents of this material is strictly prohibited. Review by any individual other than the intended recipient does not waive or give up the physician-patient privilege. If you have received this e-mail in error, please delete it immediately.



TELEPHONE AND VOICEMAIL COMMUNICATION CONSENT

Integrative Medical Specialists, LLC., (IMS) offers patients the opportunity to communicate by telephone and voicemail. There are risks of transmitting information by telephone and voicemail. Voicemail and recorded calls can be circulated, forwarded and stored. Backup copies may exist even after the sender or recipient has deleted them. Employers may record phone conversations and access voicemail messages when using work phones for communication. Patient understands IMS will use reasonable means to protect the security and confidentiality but due to these risks, IMS cannot guarantee the security of the information transmitted.

Consent to use of telephone and voicemail communications includes agreement with the following conditions:

- All communication by telephone and voicemail will be made part of the patients record, therefore other individuals authorized to access the patient record, such as staff and billing personnel, will have access to those messages.
- IMS cannot guarantee that any voicemail will be listened to or responded to within any particular time frame, therefore the patient shall not use voicemail for emergencies or other time-sensitive matters.
- IMS may forward information to staff and others as necessary for diagnosis, treatment, reimbursement and other handling. IMS will not forward to third parties without prior consent, except as authorized by law.
- If the patient's message invites a response from the provider, and the patient has not received a response within a reasonable time period, it is the patient's responsibility to follow up to determine whether the intended recipient received the message and when the recipient will respond.
- The patient is responsible for protecting his/her password to access voicemail. Provider is not liable for breaches of confidentiality caused by the patient or third party.
- The patient should not leave sensitive medical information on voicemail, such as information regarding sexually transmitted diseases, AIDS/HIV, mental health, developmental disability or substance abuse.

To communicate by telephone or voicemail the patient shall:

- Include the patient's name, date of birth and category of the communication in the telephone call or voicemail (e.g., supplement refill or billing question.)
- Limit or avoid use of his/her employer's phone.
- Withdraw consent only by written communication to provider.

The HIPPA Privacy Rule permits health care providers to communicate with patients by phone and does not prohibit covered entities from leaving messages for patients on their voicemail or with a person who answers the phone. However, to reasonably safeguard the individual's privacy, IMS limits the amount of information disclosed unless written authorization is obtained. Limited information such as information necessary to confirm an appointment such as patient's name, doctor's name and appointment date and time.

The HIPPA privacy rule also prohibits the practice from using or disclosing patient protected health information (PHI) outside of the Notice of Privacy Practices without the authorization of the patient. Messages that contain PHI require the patient to sign an authorization form to receive messages by phone or voicemail. For example, messages that contain PHI would be test results, medication/supplement information, treatment plans, patient condition information, and anything else that is considered patient condition, treatment or payment related.

You may elect to have your PHI provided to you by a message from IMS by signing this form on the reverse side. Once you have signed the form, future communication concerning your PHI may be provided to the designated person(s) or on voicemail at the numbers you have authorized.

Patient Name _____ Date of Birth _____ Date _____

Primary Number _____ Secondary Number _____

Contact #1 _____ Relationship _____ Phone _____

Contact #2 _____ Relationship _____ Phone _____

Contact #3 _____ Relationship _____ Phone _____

I understand my HIPPA rights and I request that this office leaves messages, including those containing PHI for me with either of the two individuals listed above or by voicemail at the numbers listed above. I understand that it is my responsibility to keep IMS informed of any changes to this information and a new consent form must be filled out to authorize changes. I understand the risks associated with communication by telephone and voicemail between IMS and myself. I understand I have the right to revoke this consent in writing or may opt out of voicemail communication at any time.

_____ I wish to OPT IN for communication of protected health information by voicemail.

_____ I wish to OPT OUT of communication of protected health information by voicemail.

I acknowledge that I have read and fully understand this consent form.

Patient Signature

Date

Guardian or Legal Representative Signature

Relationship



TELEPHONE CONSULTATION CONSENT

Integrative Medical Specialists, LLC., (IMS) provides telephone consultations for established patients. Phone consultations are only available for patients who reside in the state of Kansas in which my doctor is licensed. This informed consent for telephone consultation is a contractual agreement between you and IMS. Phone consults lack the nuances and richness of the face-to-face consultation. The doctor is unable to see non-verbal cues or do a physical exam. You may be required to come in for an in office visit if the consulting doctor feels that the information obtained via phone is not sufficient.

A phone consultation is your opportunity to ask questions about your health condition and discuss treatment options. Phone consults are appropriate for discussing the following with your doctor:

- Results of your diagnostic test.
- Understanding what diagnostic tests might help provide insight into your condition.
- Evaluating the supplements you are taking and asking any questions about medications and side effects or interactions.
- Checking in after starting a new supplement or treatment plan
- Discussing factors that might be causing or contributing to your health problem(s)

The following are **NOT** appropriate for phone consultations:

- Annual physical exams
- Consults for conditions that may require an exam such as palpation of the abdomen, listening to the lungs, etc.
- Treatment for conditions that require the doctor to do a visual assessment such as a rash, or looking at a sore throat, etc.
- Treatment for a new condition or diagnosis in which your doctor has not already done an in office evaluation
- Establishing a new patient doctor relationship

You will receive a call from your doctor at the number you provided at the time of your scheduled visit. We do require at least a 24 hour notice for cancellation of phone appointments. We may send you some paperwork, which is to be completed and returned prior to your scheduled phone appointment. All the fees are due at the time of service and may be paid by debit or credit card over the phone. Phone consults are charged at the rate of \$55 per 15 minutes. This includes the amount of time for the phone consult and for the doctor's time to write up a treatment plan. Phone consultations are uncovered services by insurance providers and cannot be submitted for reimbursement.

I _____ have read the above information and understand the above policies and limitations of phone consultations.

Patient Signature

Date

Guardian or Legal Representative Signature

Relationship

State of Residence