

Consent For E-mail

I understand D.J. Verret, MD, PA only allows email communication with Dr. Verret for the patient's education and not emergency medical problems.

A copy of this signed consent form must be placed into the chart before emails will be answered. I understand and agree not to use email for anything other than the above and further agree not to use email for anything pertaining to HIV testing or results, sexually transmitted diseases, alcohol and/or drug treatment, sexual assault, or mental health care.

I understand D.J. Verret, MD, PA does not and cannot guarantee the confidentiality of any email communications and will not be liable for improper disclosure of confidential information and/or breaches in confidentiality caused by me or a third party. I understand D.J. Verret, MD, PA has no control over the security or management of my individual email service provider and cannot guarantee that information will not be intercepted, altered, or read by an unintended recipient.

I further understand and agree that:

- email will not be used in emergencies and in the event I am experiencing a sudden or severe change in health, or otherwise needs an immediate response, I agree to call 911, proceed to the nearest emergency department or to contact my physician's office by telephone;
- email is great for asking those little questions that don't require a lot of discussion. Appropriate uses of e-mail also include prescription refill requests, referral and appointment scheduling requests and billing/insurance questions;
- a copy of all email communications will be placed in the medical record;
- emails will be answered within a maximum of 2 business days and that a prompt reply may not be available during weekends or holidays. If I do not receive a response within such 2 day period, I will call my physician's office at 972.608.0100;
- I must include my full name in every email message I send to my physician and all e-mails must be sent from the e-mail the physician has on file. If the e-mail is sent from another address, I must include other identifying information such as date of birth. I understand that without this information, a response may be delayed or may not be able to be sent at all;
- it is my sole responsibility to inform my physician of my current email address and any change thereto. If a message I send is returned because of a "bad" or "undeliverable" address, I will verify that such was sent to the email address I was given and if so, I will then contact my physician's office to verify the address or to discuss my issue by telephone; and
- I understand e-mail may be forwarded to different members of the staff of D.J. Verret, MD, PA for handling.

I understand and agree D.J. Verret, MD, PA may choose to stop email communications with me at any time.

By sending email through this website, I certify that I have read and understand the procedures required to communicate with my physician by email. I understand that the confidentiality of my individually identifiable health information may be compromised when such is sent through email. I agree to the requirements listed above and hereby voluntarily request and consent to communicate with my physician and/or office personnel by email.