



# Katy Rheumatology & Associates, P.A.

## Patient Consent for Use of Electronic Communications

To better serve our patients, this office has established a patient portal for some forms of electronic communication. For routine matters that do not require immediate response, please feel free to contact us using the patient portal. Please remember however, that this form of communication is not appropriate for use in an emergency. The turnaround time for routine patient communications is 48-72 hours. The service provider may delay message delivery. **Should you require urgent or immediate attention, this medium is not appropriate.**

When sending mail in patient portal, please put the subject of your message in the subject line so we can process it more efficiently. Also, be sure to put your name and return telephone number in the body of the message. We also ask that you acknowledge receipt of emails coming from this office by using the auto reply feature.

*Communications relating to diagnosis and treatment will be filed in your medical record.*

This office is dedicated to keeping your medical record information confidential. Despite our best efforts, due to the nature of the patient portal and email, third parties may have access to messages. When communicating from work, you should be aware that some companies consider email and internet usage corporate property and your messages and internet usage may be monitored. Even when emailing from home, you may feel that access to your email and internet usage is not well controlled, so you should take that into consideration. In addition, you should be aware that, although addressed to me, my staff and/or colleagues would have access to this information.

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**I understand that this office will not be responsible for information loss or delay or breaches in confidentiality that are due to technical factors beyond this office's control.**

**I understand and agree to the above electronic communication policy.**

**By signing below, you are agreeing that we may send medical related correspondence to you via electronic communication, and that we may respond to your electronic communication to us via electronic communication.**

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Patient signature

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Witness (optional)

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Date