

Agreement and Consent for EMAIL
Cook Children's Physician/Patient Email Communications

I understand Cook Children's only allows email communication with Dr. Knapp for the patient/parent education and not emergency medical problems. No appointments can be made through this email.

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 Cook Children's 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 Cook Children's 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 my child is 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 child's physician office by telephone;
- a copy of all email communications will be placed in my child's 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 child's physician office;
- I must include my child's full name and date of birth in every email message I send to my child's physician. 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 child's 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 child's physician office to verify the address or to discuss my issue by telephone; and
- I understand and agree Cook Children's may choose to stop email communications with me at any time.

I have read and understand the procedures required to communicate with my child's physician by email. I understand that the confidentiality of my child's 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 child's physician and/or office personnel by email.

Patient Name: _____ Date of Birth: _____
(Last, First, MI)

Parent Signature: _____ Date: _____

Phone: _____

Parent Email Address: 1. _____
2. _____

Physician Email Address: PtEmailDrRKnapp@cookchildrens.org