



Urgent Behavioral Health Care

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E-mail Authorization Agreement

Urgent Behavioral Health Care (UBHC) offers patients the ability to communicate with healthcare providers via electronic mail (e-mail) for non-urgent matters through a secured mechanism. Both you, the patient, and your provider have to agree to this arrangement. ***No information is ever sent electronically without permission given by you or your legally authorized representative.***

Appropriate uses for e-mail

E-mail may be used to request information and ask non-urgent questions. It should not be used in emergencies. If you are experiencing a sudden or severe change in your health, or otherwise need an immediate response, please contact our office by telephone, call the Crisis Line (223-7233/800-316-9241), or go to an emergency room.

E-mail may be used to send protected personal health information for:

- Prescriptions/refills
- General medical advice after an initial face-to-face visit
- Lab test results
- Patient educational material
- Appointment scheduling and cancellations

Secure e-mail mechanism

If you have an e-mail address, you may elect to receive appointment reminders by email. UBHC may forward e-mails as appropriate for diagnosis, treatment, and other related reasons. As such, UBHC staff, other than your provider, may have access to e-mails that you send. Such access is only to make available healthcare services to you. Otherwise, UBHC will not forward e-mails to anyone else without your prior written consent, except as authorized or required by law.

Keeping records of e-mail communications

E-mail communications will be documented in one of two ways: (1) an electronic note maintained in an electronic medical record and/or (2) a paper copy filed in your medical record.

Sending e-mail

Please include your full name and your medical record number in every e-mail message that you send to your healthcare provider. This information is required so the provider can establish that the person requesting medical advice is in fact the person the sender claims to be. Without this information, the physician will not be able to address your questions. The subject line should include the purpose of the e-mail, for example: "Prescription Refill Request".

When you receive a message from your provider containing medical advice, please acknowledge the message by sending a brief reply to the provider.

If a message is ever returned because of a "bad address" please make sure that you entered the complete address as it was given to you. If you are sure that you entered the address the provider gave to you, please

call the provider's office and make sure you have the correct e-mail address and that the computer system is functioning properly.

If your healthcare provider does not answer your e-mail in 2-3 days contact the office by telephone.

Privacy and security of e-mail

Do not use e-mail to send or request sensitive information. This includes personal information you do not want other people to know about. Additionally, you should be aware of and understand that if you use e-mail provided by your employer, any e-mail sent on your employer's system may be viewed by your employer.

UBHC cannot and does not guarantee the privacy or security of any messages being sent over the Internet. There is the potential that e-mail sent over the Internet can be intercepted and read by others. If this is of concern to you, you should not communicate with your healthcare provider through e-mail.

This document along with UBHC's "Notice of Privacy Practices" constitutes a notice of privacy practices for e-mail use as required by the Texas State Board of Medical Examiners.

Authorization to use e-mail

I have been informed of and understand the risks and procedures involved with using e-mail. I agree to the terms listed on this form and hereby voluntarily request, consent to, and authorize the use of e-mail as one form of communication with my physician, and his/her associates, technicians and other health care providers.

You will be given a copy of this signed form to keep for your records.

Patient Name (Printed)

Patient E-mail Address

Patient Signature

Date

Printed name is acceptable if you don't know how to add a digital signature.

Patient Representative (Relationship)

Date

Clinic Manager/Clinic Supervisor

Date

*If the email form button does not work on your system please manually attached the pdf files and email to UBHC@UrgentBehavioralHealthCare.com.