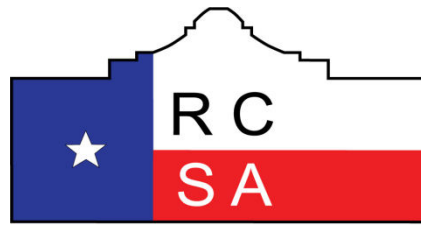


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Retinal Consultants of San Antonio

Expert Care of the Retina, Macula and Vitreous

E-MAIL PERMISSION CONSENT

Written authorization from the patient is recommended before e-mail with the practitioner begins.

Retinal Consultants of San Antonio offer its patients the ability to communicate with healthcare providers via electronic mail (e-mail) over the Internet. If you have an Internet e-mail address and would like to take advantage of this service, please discuss your wishes with your healthcare provider(s) first. Some healthcare providers prefer not to communicate with their patients over the Internet. If a healthcare provider agrees to exchange e-mail with you, please observe the following:

E-mail Rules:

1. E-mail may be used for requesting information and for asking non-urgent questions, ***It should not be used in emergencies.*** If you are experiencing a sudden or severe change in your health, vision or otherwise need an immediate response, please call our office, 911 or visit the nearest Emergency Department.
2. E-mail messages may not be confidential.
 - Do not use e-mail to send or request very sensitive information. Retinal Consultants of San Antonio cannot and do not guarantee the confidentiality of any messages being sent over the Internet.
 - Messages can be misdirected or intercepted by unintended parties.
 - Patients who want e-mail sent to work addresses must recognize employers may have the right to monitor their e-mail.
 - Your healthcare provider may ask a nurse or other provider to assist with email volume or response.
 - We will not respond to communications that are considered obscene or harassing.
3. **Your healthcare provider will document e-mail communications in your medical record- either by placing a copy of the message in your record, or by summarizing the message in a written note.**

Sending E-mail:

1. Please be sure to include the following information in the body of every e-mail message that you send to your healthcare provider, **your full name, your birth date or your medical record number**
2. If you do not provide this information, your healthcare provider may not be able to respond. In order to protect your confidentiality do not place name, date of birth or medical record number in subject line.
3. If a message is ever returned because of an "invalid 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 healthcare provider provided, please call the healthcare provider's office to verify you have the correct address and that the e-mail system is functioning properly.
4. **If your healthcare provider does not answer your e-mail in what you consider to be reasonable period of time, please call his or her office.** Your healthcare provider may be out of the office or we could be experiencing a technical problem and unable to respond to e-mail. We cannot guarantee a particular response time.
5. I agree to not use or forward my health care provider's e-mail for purposes other than communication with me about my health care.
6. I understand and agree to the terms outlined in this document. After reading the rules and guidelines of communicating via e-mail, I still wish e-mail to be one of my preferred methods of communication with my healthcare providers.

X _____
Signature of Patient or Legal Representative

X _____
If Signed by Legal Representative, relationship to Patient

Date
X _____
Signature of Witness