



Functional Medicine of Hawaii  
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## Email Consent Form

### 1. Risk of using email

Transmitting personal/medical information by email has a number of risks that you should consider. These include, but are not limited to, the following:

- a. Email can be circulated, forwarded, stored electronically, stored on paper and broadcast to unintended recipients.
- b. Email senders can easily misaddress an email.
- c. Backup copies of email may exist even after the sender of the recipient has deleted his or her copy.
- d. Employers and on-line services have a right to inspect email transmitted through their systems.
- e. Email can be intercepted, altered, forwarded or used without authorization or detection.
- f. Email can be used to introduce viruses into computer systems.
- g. Email can be used as evidence in court.
- h. Emails may not be secure, and therefore it is possible that the confidentiality of such communications may be breached by a third party.

### 1. Conditions for use of email

Functional Medicine of Hawaii will use reasonable means to maintain security and confidentiality of email information sent and received but cannot guarantee that. Functional Medicine of Hawaii is not liable for improper disclosure of confidential information that is not caused by Functional Medicine of Hawaii's intentional misconduct. You must acknowledge and consent to the following conditions:

- a. Email is not appropriate for urgent or emergency situations. Functional Medicine of Hawaii cannot and does not guarantee that any particular email will be read and responded to within any particular period of time.
- b. Email must be concise. You should schedule an appointment if the issue is too complex or too sensitive to discuss via email.

- c. Office staff may receive and read your messages.
- d. Functional Medicine of Hawaii will not forward patient identifiable emails outside of our office without your prior written consent, except as authorized or required by law.
- e. You should not use email for communication regarding sensitive medical information.
- f. Functional medicine of hawaii's providers are not liable for breaches of confidentiality caused by you or any third party.
- g. It is your responsibility to follow up and/or schedule an appointment if warranted.

**1. Instructions**

To communicate by email, please:

- a. Avoid use of your employer's computer.
- b. Put your name and birth date in the body of the email.
- c. Key in the topic (e.g. medical question, billing question) in the subject line.
- d. Inform Functional Medicine of Hawaii of changes in your email address.
- e. Take precautions to preserve the confidentiality of email.

**1. Acknowledge and Agreement**

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communication of email between Functional Medicine of Hawaii and I, and consent to the conditions and instructions outlined, as well as any other instructions that Functional Medicine of Hawaii may require to communicate with me via email. If I have any questions I may inquire with my practitioner.

Patient Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Email Address: \_\_\_\_\_