



Agreement Form for Email Communication Between a Marquette Provider & Patient

Secure electronic messaging is always preferred to insecure email for more sensitive protected health information (PHI), but under specific circumstances, insecure email communication containing PHI may take place between a Marquette University Medical Clinic (MUMC) provider and a patient. This email communication will be limited to Marquette University assigned email addresses and may be used if both parties agree on this communication method and this form is completed and signed.

A copy of this form and all email communication will be filed in the patient’s Medical Record.

Provider Awareness:

Although encrypted, Marquette email is not always a secure means of communication. As the provider I will use the minimum necessary amount of protected health information when responding to your questions or communicating information to you. In no event will my communication include highly sensitive PHI such as information related to HIV/AIDS, mental health or substance abuse.

Patient Awareness:

Please note that most standard email does not provide a secure means of communication. While Marquette email is encrypted on campus, there is some risk that any protected health information contained in email may be disclosed to, or intercepted by, unauthorized third parties. Use of more secure communications, such as phone or fax is always an alternative that is available to you.

By completing this form, the provider and I understand and are willing to accept the risks involved with email communication of my protected health information.

Date: _____

Patient’s Name (print name): _____

Patient’s University email address (print): _____

Patient’s Signature: _____

Provider’s Name (Circle): Carolyn Smith,M.D. AJ Grove,M.D. Shanyn Lancaster,M.D.

Robin Brown,M.D. Keli Wollmer, PA-C Colleen Erdmann, PA-C Jim Schabla, PA-C

Provider’s University email address (print): Carolyn.s.smith@mu.edu Andrew.grove@mu.edu

shanyn.lancaster@mu.edu robin.brown@mu.edu keli.wollmer@mu.edu

colleen.erdmann@mu.edu james.schabla@mu.edu

Provider’s Signature: _____

Should either party no longer wish to communicate via email, a separate form available from the Marquette University Medical Clinic or at www.marquette.edu/medical-clinic/forms, must be completed and delivered in person or sent by U.S. mail to the other party. A copy of the form will be filed in the Medical Record.