



Patient Email Communication Notice

As a patient of Weill Cornell Medicine, you may request we communicate with you by email. This Fact Sheet will inform you about the risks of communicating with your health care provider or program via email and how Weill Cornell Medicine will use and disclose provider/patient email.

Email communications are two-way communications, however, responses to emails sent to or received by either you or your health care provider may be hours or days apart. This means that there could be a delay in receiving treatment for an acute condition.

If you have an emergency or need urgent care, you should not rely solely on provider/patient email to request assistance. Instead, you should seek medical attention using a different method of communication.

Email messages on your computer, laptop, or other device have inherent privacy risks especially when your email access is provided through your employer or when access to your email messages is not encrypted (protected).

Once sent, an email message cannot be recalled or cancelled. Errors in transmission can occur. You can also help minimize this risk by using only the email address that you provide to our practice/ program/ provider.

In order to respond to your email, individuals at Weill Cornell Medicine other than your health care provider may read your email message. Your email message is not a private communication between you and your treating provider.

At your health care provider's discretion, your email message any and all responses may become part of your medical record.

Weill Cornell Medicine encourages patients to use the patient portal, Weill Cornell Connect, to communicate with healthcare providers directly via email.

Alternatively, patients may receive secure (encrypted) email from their health provider. These messages require patients to establish an account to receive messages from providers.

Finally, patients have the right to request to communicate directly with their healthcare provider without encryption. If you decide to communicate with your provider by email without encryption, please fill out and sign the Patient Request for Unencrypted Email Communication form.

Patient Request for Unencrypted Email Communication

Patient Name:			MRN:
Address:			DOB:
City:	State:	ZIP:	Phone:

This form authorizes your provider/practice to communicate with you by unencrypted email.

I am requesting communication by unencrypted email. I understand that communications over the Internet or use of an email system may not be secure and there is no assurance of confidentiality when communicating by unencrypted email.

Please be advised that:

- **This request applies to the healthcare provider, their clinical team or practice stated below**
- **A separate form is required if you would like to request to communicate via unencrypted email with another health care provider or practice**
- **An email address must be provided**
- **You must initiate the initial email**
- **This request must be signed and submitted in advance of unencrypted email communication**

I understand and agree to the following:

- The email address provided is accurate and I accept responsibility for messages sent to or from this email address
- I have received a copy of the Patient Email Communication Notice
- Communication over the internet or using unencrypted email may not be secure and there is no assurance of confidentiality of information communicated via unencrypted email
- To initiate e-mail communication, I will send an email from my email address to the Weill Cornell Medicine email address below
- Email communications may be forwarded to other providers and documented in my medical record for my treatment
- I am responsible for notifying the WCM party listed below if my email address changes and completing another authorization in order to communicate using a different email address
- I have the right at any time to revoke this authorization by completing an Email Communication Cancellation Notice
- I agree to hold Weill Cornell Medicine and individuals associated with Weill Cornell Medicine harmless from any and all claims and liabilities arising from or related to this request to communicate via unencrypted email

Patient Email Address: _____ @ _____

Patient/Legal Guardian Signature: _____ Date: _____

If the patient listed above is a minor or is unable to sign, and you are a parent or legal guardian who will use email to communicate about this patient, please sign above and complete the following:

Print Name

Relationship to Patient

Name of WCM Provider/Practice:	
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