

## Office Policy on Electronic Communications

As a supplement to in-office appointments, I am inviting you to use Klara, a web based app to communicate with my practice. Set forth below are policies outlining when and how email (app) should be utilized to maintain your privacy and to enhance communication as well as a place for you to acknowledge your consent to its use. Your decision to utilize email is strictly voluntary and your consent may be rescinded at any time.

**Please note: Electronic communication will be accessed by Dr. Shaikh ONLY during business hours from 9am- 7pm on Monday-Friday. Please allow 24 hours for response during weekday hours. Emails will not be checked after hours or weekends.**

**Please use Email/ Text to communicate with Dr. Shaikh for:**

Appointment requests/changes  
Non derailed clinical matters only

**When should I NOT use electronic communicate with Dr. Shaikh:**

Electronic communication should **never** be used In an **emergency**  
**If you are experiencing any desire to harm yourself or others** **If you are experiencing a severe medication reaction**  
To communicate detailed clinical matters

**What are the risks of using Email/Text?**

Risks of communicating via email include but are not limited to:  
Email/ Text may be seen by unintended viewers if addressed incorrectly  
Email/texts may be intercepted by hackers and redistributed  
Someone posing as you could access your information.  
Emails/texts are discoverable in litigation and may be used as evidence in court.  
Emails/texts can be circulated and stored by unintended recipients

**What happens to my messages?**

Emails maybe be printed out and maintained as a permanent part of your medical record  
As part of your permanent record, they will be released along with the rest of the record upon your authorization or when the doctor is otherwise legally required to do so.  
Dr. Shaikh uses the encryption security on Klara for email communications which provides a HIPPA compliant platform for communication of medical data.

**What are my obligations?**

If I do not receive a response from **Dr. Shaikh within 24 hours, during business hours**, I will contact her by telephone if a response is needed.

I will use email communication/text only for the purposes stated above.

I understand that email may only be used to supplement my appointments with Dr. Shaikh and not as a substitute for them.

To avoid possible confusion, I will not use internet slang or short-hand when communicating via email

**Consent to Email/ Text use**

By signing below, I consent to the use of email/text communication between myself and Dr. Shaikh.

I recognize that there are risks to its use, and despite Dr. Shaikh's 's best efforts, she cannot absolutely guarantee confidentiality. I understand and accept those risks and the policies for email use outlined in the form. I further agree to follow these policies and agree that should I fail to do so, Dr. Shaikh may cease to allow me to use email to communicate with him/her. I also understand that I may withdraw my consent to communicate via email at any time by notifying Dr. Shaikh in writing.

\_\_\_\_\_  
Name of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient

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