



SPORTS AND PAIN INSTITUTE OF NEW YORK

Melepura Medical Professional Corporation

EMAIL AND TEXT MESSAGE INFORMED CONSENT

This form provides information about the risks of these forms of communication, guidelines for email/text communication, and how we use email/text communication. It also will be used to document your consent for communication with you by email and text message.

1. How we will use email and text messaging: All communications to or from you may be made a part of your medical record. You have the same right of access to such communications as you do to the remainder of your medical record. Your email and text messages may be forwarded to another SPIN staff member as necessary for appropriate handling. We will not disclose your emails or text messages to researchers or others unless allowed by state or federal law. Please refer to our Notice of Privacy Practices for information as to permitted uses of your health information and your rights regarding privacy matters.
2. Risk of using email and text messages: The use of email and text message has a number of risks that you should consider. These risks include, but are not limited to, the following:
 - A. Emails and texts can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.
 - B. Senders can easily misaddress an email or text and send the information to an undesired recipient.
 - C. Backup copies of emails and texts may exist even after the sender and/or the recipient has deleted his or her copy.
 - D. Employers and online services have a right to inspect emails and texts sent through their company systems.
 - E. Emails and texts can be intercepted, altered, forwarded or used without authorization or detection.
 - F. Emails and texts can be used as evidence in court.
 - G. Email and text messaging may not be secure, and therefore it is possible that a third party may breach the confidentiality of such communications.
3. Conditions for the use of email and text messages: SPIN cannot guarantee but will use reasonable means to maintain security and confidentiality of email/text information sent and received. You must acknowledge and consent to the following conditions:
 - A. IN A MEDICAL EMERGENCY, DO NOT USE EMAIL, CALL 911. Do not email for urgent problems. If you have an urgent problem during regular business hours, please call your staff person, or 212-621-7746. Urgent messages or needs should be relayed to us by using regular telephone communication and may include text messages.
 - B. Emails should not be time-sensitive. While we try to respond to email messages daily, we cannot guarantee that any particular email will be read and responded to within any particular period of time. If you have not heard back from us within three days, call our office to follow up if we have received your email.
 - C. Email and text messages may be filed electronically into your medical record.
 - D. Clinical staff will not forward your identifiable email/texts to outside parties without your written consent, except as authorized by law.
 - E. You should use your best judgment when considering the use of email or text messages for communication of sensitive medical information. Clinical staff are not responsible for the content of messages.
 - F. SPIN is not liable for breaches of confidentiality caused by you or any third party.
 - G. It is your responsibility to follow up with your staff person if warranted.
4. Withdrawal of consent: I understand that I may revoke this consent at any time by so advising Sports and Pain Institute of New York in writing. My revocation of consent will not affect my ability to obtain future health care nor will it cause the loss of any benefits to which I am otherwise entitled.

NOTE: Please read the above agreements carefully and make sure that you understand all the terms and conditions before signing below. If you do not understand, please review contents with the staff prior to signing. Your signature confirms that you have read and fully understand all the agreements, terms, and conditions above. Agreed and Accepted by:



Patient's Signature

Patient's Name

Date

Witness Signature

Febin Melepura, M.D.

Witness Name

Date