



Agreement

The following agreement indicates your preference for the use of electronic communications (Email) between you and/or a person for whom you are legally responsible (the patient) and Carilion Clinic Billing. While Email is a convenient way to improve communication between patients and healthcare providers, there are risks associated with using Email that should be considered. For instance, Email sent from your job may be monitored by your employer and Email may be available to your Email system's administrators. Email may be inadvertently misdirected to individuals or institutions who are inappropriate recipients of this information.

There are a few rules you should follow concerning the use of Email. **Email should never be used for urgent or emergency health problems. In such cases you should call the provider's office or go to an emergency department.** Also, because of confidentiality concerns, Email should never be used for sensitive material. You should keep copies of any Email our office sends you. In appropriate cases, your Email and our reply will be included in your medical record. Also, several of our office staff have access to our department Email and we may share your Email with consultants as necessary to resolve matters related to your inquiry and resolution of your account.

By agreeing to Email communications between you and our office, you agree that you will not hold our office or Carilion Clinic responsible for accidental or inadvertent transfer of personal medical correspondence to unintended individuals or institutions. We will remain responsible for any malicious or deliberate inappropriate transfer of information by us and will follow legal requirements protecting your medical information.

If you understand these risks and agree to these conditions, place a mark at the agreement below, sign and return this to our office at **PO BOX 13966, ROANOKE, VA 24038-3966**. Scanned copies complete with acknowledgment may be emailed to billingservice@carilionclinic.org.

Either party may revoke this arrangement at any time by written notice.

I agree to the above conditions.

Patient/Guardian

Date

Patient Services Representative

Date