

U.S. DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-6017 (Rev. 10-08)	HEALTH RECORD – CONSENT FORM Authorization To Send And Receive Medical Information By Electronic Mail (E-mail) For use of this form see COMDTINST 6010.3	
SECTION I - PATIENT DATA		
1. NAME (<i>Last, First, Middle Initial</i>)	2. DATE OF BIRTH (<i>YYYYMMDD</i>)	3. SPONSOR'S LAST FOUR (<i>SSN</i>)
4. E-MAIL ADDRESS		5. TELEPHONE NUMBER
SECTION II - CONDITIONS FOR USE OF E-MAIL		
<p>Health care providers cannot guarantee, but will use reasonable means, to maintain security and confidentiality of E-mail information sent and received. You must acknowledge and consent to the following conditions:</p> <ol style="list-style-type: none"> 1. E-mail is not appropriate for urgent or emergency situations. 2. E-mail must be concise. You should schedule an appointment if the issue is too complex or sensitive for discussion by E-mail. 3. E-mail should not be used for communications regarding sensitive medical conditions such as sexually transmitted infections, HIV/AIDS, spouse or child abuse, chemical dependency, etc. 4. Medical or dental staff may receive and read your messages. 5. E-mails related to health consultations will be copied, pasted, and filed in Coast Guard health records. 6. Healthcare providers will respond within three (3) business days. Contact the clinic telephonically if you have not received a response after three (3) business days. E-mails related to health consultation will be copied, pasted, and filed. 		
SECTION III - RISKS OF USING E-MAIL		
<p>Transmitting information by E-mail has risks that you should be aware of. These include, but are not limited to the following:</p> <ol style="list-style-type: none"> 1. E-mails can be intercepted, altered, forwarded, or used without authorization or detection. 2. E-mails can be circulated, forwarded and stored in paper and electronic files. 3. E-mail senders can easily type in the wrong E-mail address. 4. E-mails may be lost due to technical failure during composition, transmission, and/or storage. 		
SECTION IV - PATIENT GUIDELINES		
<p>To communicate by E-mail, the patient shall:</p> <ol style="list-style-type: none"> 1. Place the topic of the communication in the subject line of the E-mail (e.g., appointment, prescription, medical advice, etc.). Take precautions to preserve the confidentiality of E-mail. 2. Include the patient's name and telephone number in the body of the E-mail. 3. Acknowledge receipt of the E-mail when requested to do so by a health care provider. 4. Inform the health care facility of changes in E-mail address by completing a new consent form. 5. Notify the health care provider of any types of information considered by the patient to be inappropriate for E-mail. 		
SECTION V - PATIENT ACKNOWLEDGEMENT AND AGREEMENT		
<p>I have read and fully understand the information contained in this authorization form. I consent to the E-mail conditions and agree to abide by the guidelines listed above. I further understand that this E-mail relationship may be terminated if I repeatedly fail to adhere to these guidelines.</p> <p>I understand and accept the risks associated with the use of unsecure E-mail communications. I further understand that, as with all means of electronic communication, there may be instances beyond the control of the health care provider where information may be lost or inadvertently exposed, such as during technical failures, acts of God, acts of war, and so forth.</p> <p>I understand that I have the right to revoke this authorization, in writing, at any time.</p> <p>By signing this form I acknowledge the privacy risks associated with using E-mail and authorize health care providers to communicate with me for the purpose of medical advice, education, and treatment.</p>		
_____ (Date)	_____ SIGNATURE of Patient or Parent/Guardian	_____ RELATIONSHIP (<i>if other than patient</i>)