

## Email Agreement Form – Renee Gullickson, DNP, ARNP

Dr. Gullickson allows patients the ability to communicate via electronic email (e-mail) for non-urgent matters if the arrangement is agreed to by both parties. You must agree to observe the following requirements:

### **Appropriate Purposes for Using E-mail:**

- Prescriptions/refills
- General medical advice after an initial face-to-face visit
- Lab test results
- Patient educational material
- Scheduling/appointment changes

### **Documentation:**

E-mail communications will be documented in your medical record by placing a copy of the message in your record.

### **Sending E-mails:**

Please include your full name and your date of birth in every e-mail message that you send to Dr. Gullickson. The subject of the e-mail should include the purpose of the e-mail, for example: "Prescription Refill Request".

If you receive a message from Dr. Gullickson containing important medical advice, please acknowledge the message by sending a brief reply to her.

If a message is ever returned because of a "bad address" please make sure that you entered the complete address ([gullicksonwellness@gmail.com](mailto:gullicksonwellness@gmail.com)). If Dr. Gullickson has not answered your e-mail in two (2) business days, please call Eastwind Healing Center at 319-337-3313.

### **Security and Privacy of E-mail:**

Only Dr. Gullickson is authorized to access the [gullicksonwellness@gmail.com](mailto:gullicksonwellness@gmail.com) e-mail mailbox. As an added security measure, Dr. Gullickson must verify that the e-mail address of any communication received from patients matches the e-mail address provided by the patient on this agreement. If the e-mail addresses do not match, Dr. Gullickson will not respond to the e-mail. It is the patient's responsibility to contact Dr. Gullickson (by leaving a voice mail at Eastwind Healing Center: 319-337-3313) to inform her if the patient has changed his or her e-mail address.

Do not use e-mail to send or request very sensitive information. Dr. Gullickson cannot and does not guarantee the privacy or security of any messages being sent over the internet. There is the potential that e-mail sent over the internet can be intercepted and read by others. Additionally, you should be aware and understand that if you use e-mail provided by your employer, any e-mail sent on your employer's system may be viewed by your employer. If this is of concern to you, you should not communicate with Dr. Gullickson through your work e-mail.

I have been informed and understand the risks and procedures involved with using e-mail. I understand that the confidentiality of my individually identifiable health information may be compromised when my individually identifiable health information is sent through electronic transmission via e-mail. I agree to the terms listed above, and I hereby voluntarily request the use of e-mail as one form of communication with Dr. Gullickson.

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Patient's Name	Patient's Signature	Date
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Patient's E-mail Address