

Cochlear Implant Center

6535 North Charles Street, Suite 250 Baltimore, Maryland 21204 (443) 849-8400

E-MAIL CONSENT FORM

E-mail Use:

Generally, e-mail correspondence should be between the Provider or the Provider's Office Representative and an adult patient 18 years or older, or parent/legal guardian of a minor patient. IN A MEDICAL EMERGENCY, DO NOT USE E-MAIL. CALL 911.

Content of The Message:

In the "Subject" line, include the general topic of the message. DO NOT PUT YOUR NAME IN THE SUBJECT LINE. In the body of the message, please be sure to include your name and DOB as a way to identify yourself. E-mail should be used only for non-sensitive and non-urgent issues. Types of information that are appropriate for e-mail include:

- Questions about procedures, tests or prescriptions
- Routine follow-up inquiries
- Appointment scheduling

Privacy and Confidentiality:

The content of e-mails may be monitored by the hospital to ensure appropriate use. You may discuss with your Provider who will process your e-mail messages during business hours, vacations or illness. All e-mails regarding your care will be included in your medical record.

Ending E-mail Relationship:

Either you or your provider may request via e-mail or letter to discontinue using e-mail as a means of communication at any time.

Consent:

Greater Baltimore Medical Center is not responsible for e-mail messages that are lost due to technical failure during composition, transmission and/or storage. I have read and understand the information above. I agree to the guidelines for e-mail communication and consent to using e-mail as a way of corresponding with my Provider and/or their Office Representative(s). The Providers listed below are authorized to communicate with all e-mail addresses listed on this form. This consent form does not expire.

Providers and Office Representatives I Authorize For Use of E-Mail Communication:

- o Kim Andrulonis: kandrulonis@gbmc.org
- o Kelly Hume-Johnson: khume@gbmc.org
- o Bridget Niedermeyer: bneidermeyer@gbmc.org
- o Regina Presley: rpresley@gbmc.org

o Penny Sa	ampson: psampson@gbmc.org	
Patient E-Mail A	ddress(es) Authorized for Use of E-Mail Communica	tion:
Date	Signature of Patient or Representative	Relationship to Patient