



DC Foot and Ankle
www.dcfootandankle.com

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Communication by email

Our office offers patient communication by e-mail. This form provides information about the risks of e-mail, guidelines for e-mail communication and how we use e-mail communication. It also will be used to document your consent for communication with you by e-mail.

Communication by e-mail has a number of risks, which include the following:

- can be circulated, forwarded and stored in paper and electronic files
- backup copies of e-mail may exist even if the file has been deleted
- can be received by unintended recipients
- can be intercepted, altered, forwarded or used without authorization or detection
- senders can easily type the wrong e-mail address
- can be used to introduce viruses into the computer systems

How we will use e-mail: We will email correspondence to established patients who are 18 years or older, or the legal representatives of established patients. We use e-mail to communicate only about non-sensitive and non-urgent issues. All e-mails to or from you will be made a part of your medical record. You will have the same right of access to such e-mails as you do to the remainder of your medical file. Your e-mail message may be forwarded to another office staff member as necessary for appropriate handling. We will not disclose your e-mails 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.

IN A MEDICAL EMERGENCY, DO NOT USE E-MAIL. CALL 911. Do not use e-mail for urgent problems. If you have an urgent problem, call our office (202) 223-4616 or go to an urgent care facility. E-mail messages should not be time-sensitive. While we try to respond to e-mail messages daily, it may take up to three (3) working days for us to respond to your message. Urgent messages or needs should be relayed to us using regular telephone communication. If you have not heard back from us within three days, call our office to follow up to determine if we have received your e-mail.

I have elected to communicate with Drs. Sibel, Firestone and Schwartz and the office staff by e-mail. I understand the risks of communicating by e-mail, in particular the privacy risks explained in this form. I understand that Drs. Sibel, Firestone and Schwartz cannot guarantee the security and confidentiality of e-mail communication. They cannot be responsible for messages that are not received or delivered due to technical failure, or for disclosure of confidential information not caused by intentional misconduct. I understand that I may also communicate with the doctor and/or office by telephone or during a scheduled appointment, and that e-mail is not a substitute for care that may be provided during an office visit. Appointments should be made to discuss any new issues or any sensitive medical information. I understand that I may revoke this consent at any time by so advising Drs. Sibel, Firestone and Schwartz 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.

I have read and understand this form. I have had the opportunity to ask questions and my questions have been answered to my satisfaction. I understand and agree with the information contained in this form and give my consent for e-mail communication to and from Drs. Sibel, Firestone and Schwartz.

Patient name

Signature

email address

date