

Electronic Communications Policy

This electronic communications document outlines our office policies related to the use of phone, text messaging, email, and Social Media. Reviewing this policy will help you to understand how you can expect us to respond to various types of electronic exchanges that may occur between us. As technology develops, we may periodically update this policy. We will notify you in writing of any policy changes.

NON-SECURE ELECTRONIC COMMUNICATION OVERVIEW

While it may be convenient during the course of treatment to communicate by email, text message (e.g. “SMS”) or other electronic methods of communication, be advised that these methods, in their typical form, are not confidential means of communication. Therefore, we prefer to use email communication and text messaging only with your permission, and only for administrative purposes unless we have made another agreement. If you use these methods to communicate with us, there is a reasonable chance that a third party may be able to intercept those messages. Unless you have completed the Consent for Transmission of Protected Health Information by Non-Secure Means form, we will not respond to email communications or text messages. If there are people in your life that you do not want accessing these communications, please talk with our front desk about ways to keep your communications safe and confidential. However, we may contact you via SMS when we need you to contact us.

TELEPHONE COMMUNICATION

Due to our Doctors’ schedules, they are often not immediately available by telephone. They are usually in the office only during regularly scheduled appointment times and do not answer the phone while performing treatments. When they are unavailable, you can leave a message on their cellphones which are monitored daily. If you leave a message on the office phone, we will make every effort to return your call within 24 hours (and on the same day whenever possible), with the exception of weekends and holidays. If we are unavailable for an extended time, you can contact your treating doctor on his or her cell, if necessary. Please note that we are now licensed to perform tele-dentistry services and calls may be subject to this billing. Our phone calls to you are generally limited to scheduling and billing issues. For clinical concerns, we will schedule an appointment as soon as possible. Please note that in the event of a dental crisis, you should call 911 or present to the nearest emergency room.

EMAIL COMMUNICATION

The doctors do not check e-mail messages with any specific regularity, and can sometimes be away from e-mail access for extended periods of time. Telephone calls are the preferred methods of communication. Additionally, email is a non-secure form of communication. We maintain a HIPAA Business Associate Agreement with the Microsoft Corporation that provides us with a secure email exchange server. Because of this agreement, the Microsoft Corporation is obligated by federal law to protect these records from unauthorized use or disclosure. Although our own email server is secure, we cannot be assured that yours is. Therefore, we use email communication only with your permission, and only for administrative purposes. This means that email exchanges with our office should be limited to things like setting or changing appointments, billing matters, and other related issues. If you choose to communicate with us by email, be aware that all emails are retained in the logs of our Internet service providers (ISP). While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the ISP. You should also know that any emails that we receive from you, and any responses that we send to you, become a part of your legal, dental record.

Coastal Endodontics

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TEXT MESSAGING

Because text messaging is a very non-secure and impersonal mode of communication, our office will not send out generic, non disclosure text messages to those with upcoming appointments, or in treatment with us, unless you have completed the Consent for Transmission of Protected Health Information by Non-Secure Means form. We use text messaging only with your permission, and only for administrative purposes. Text messages with our office should be limited to things like setting or changing appointments, billing matters, etc.

THIRD-PARTY ACCESS TO COMMUNICATIONS

Please know that when you use electronic communications methods, such as email, texting, etc. there are various technicians and administrators who maintain these services, and who may conceivably have access to the content of those communications. Of special consideration are work email addresses. If you use your work email to communicate with me, your employer may access our email communications. There may be similar issues involved in school email or other email accounts associated with organizations with which you are affiliated. Additionally, people with access to your computer, mobile phone, and/or other devices may also have access to your email and/or text messages.

SOCIAL MEDIA

We participate in several online social networks for marketing purposes. We do not communicate with, or contact, any of our patients through social media or networking platforms unless initiated by you. This is because these types of social contacts can create significant security risks for you.

FRIENDING

Our staff do not accept Friend or Follow requests from current or former patients on social media or networking sites. We believe that including patients as social networking contacts may not only compromise patient confidentiality and our respective privacy, but also blur the boundaries of our professional relationship. We do hope that you will "Like Us" on Facebook and feel moved to write a positive review about your experience with us.

FOLLOWING

We do not follow current or former patients on social media, that does not mean we don't love you.

BY SIGNING BELOW, I ACKNOWLEDGE MY UNDERSTANDING AND CONSENT OF THIS ELECTRONIC COMMUNICATIONS POLICY AND AGREE TO THE TERMS OF THE POLICY.

Name of Patient (Printed) _____

Name of Guardian (Printed) _____

Patient/Guardian Signature _____

Date of Signature(s) _____