

IOWA STATE UNIVERSITY

Thielen Student Health Center

Authorization for Communication of Medical Information via Electronic Mail (E-mail)

CONFIDENTIALITY

- TSHC considers all patient medical information as confidential. However, e-mail users should never consider electronic communications to be entirely private or secure.
- TSHC strongly recommends that e-mail communications be sent from and received at your Iowa State University E-mail account.

APPROPRIATE USE OF E-MAIL

- DO NOT use for emergency situations or when an immediate response is required.
- E-mail is checked twice a day. It may be up to 48 hours before you receive a response.
- TSHC is closed evenings, nights, weekends and holidays, and e-mails are not checked during these times.
- Patient information which SHOULD NEVER be communicated via e-mail include: Mental health or substance abuse conditions and HIV test results

PROCEDURE FOR SENDING AND RECEIVING E-MAILS

- In the subject area of the e-mail message, list the reason for your message: (prescription renewal, medical advice, updating your provider on your condition, etc.) In the body of your message, please include your:
 - ✓ full name
 - ✓ ISU Student ID number
 - ✓ return telephone number in case additional information is needed
 - ✓ an explanation of your message
- Communications should be brief.
- Your e-mail message will be reviewed and, if needed directed to the appropriate person to respond to your request. You will receive an automatic reply letting you know the message reached TSHC and then a confirmation by telephone or e-mail when the task has been completed.

If you do not receive a response from TSHC within 48 hours, you should contact us by phone.

I, the undersigned, wish to send and/or receive information regarding my medical condition or treatment to or from Thielen Student Health Center (TSHC) via e-mail. By my signature below, I acknowledge that I have read and understand the information on this form, and I authorize the providers and staff of TSHC to communicate information about my medical condition or treatment via e-mail.

Printed Name of Patient

ISU Student ID Number

Printed Patient E-mail Address

Patient Signature

Date