



## GUIDELINES FOR COMMUNICATION WITH MICHAEL GOLDEN, MD

The Patient Gateway is the safest way to communicate questions or information about your health to and from my office. Communication via text message can be convenient, efficient and effective in the right situations. For your protection, and to comply with Federal Privacy laws, please follow these guidelines:

- During office hours, call the office phone first. After hours, call my Cell Phone for urgent requests and/or concerns. If you do not hear back in a reasonable time, call the main office phone number and the answering service will get in touch with me.
- If you have an emergency, call 911 first and seek help at the nearest emergency center. Then call or text me or ask the hospital personnel to contact me to assist in your care.
- Limit text content to non-urgent medical questions and matters.
- Clearly identify yourself in the body of any text message you may send.
- For more urgent situations back up a text with a direct phone call.

Although I will attempt to reply to text messages as quickly as possible, my replies may take more than one business day. In some cases, I may call you by phone directly rather than respond by text.

My office does not encrypt text messages. Texting is not considered a highly secure protected mode of communication. Your information could potentially, inadvertently become accessible to unintended recipients in the public domain. Although I will regard and treat your text communications with the same confidentiality and care applied to your other medical records and phone calls, please do **not** include sensitive information in your text messages. **Specifically, do not include your Social Security number, financial information, and/or private and sensitive personal health information in your text messages.**

### Communication Informed Consent

I have carefully reviewed these guidelines. I hereby authorize **Michael Golden, MD** to communicate with me via text message regarding healthcare issues, including medical questions or concerns. I agree to use phone communication in cases of more urgent health matters. Furthermore, I understand the recommendation to call 911 or go to the nearest Emergency Room if I am experiencing an emergency.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email Address \_\_\_\_\_

*Please complete and return in the self-addressed stamped envelope*