
Medical Confidentiality and Virtual Pill Counts

Dear Patient,

From time to time, it becomes necessary for us to request medication reconciliation, also known as a pill count. Although hereafter referred to as "Pill Count", this strategy is also used to reconcile medications that are not in pill form (such as patches, films, capsules, etc.). Pill counts are part of the tool kit that the Drug Enforcement Agency (DEA) expects medical offices to use to make sure that controlled medications are being taken properly and not being diverted. When a pill count is requested, the patient is typically given 24 to 48 hours to show up at the clinic with all their pills, or risk dismissal from the practice.

We understand that being called in for a pill count can be very difficult for many of our patients who have jobs they must attend, or who live too far away to come in within 24 or even 48 hours notice. In recognition of the difficulties of complying with a demand for a pill count, we have instituted an alternative - "Virtual Pill Count". In brief, we allow the patient to send photographs by text or email that allow us to identify and count the pills.

However, patients using our Virtual Pill Count responses must recognize that texts and emails may not be encrypted. This means that we cannot guarantee to adequately protect private medical information sent by email or text communications. It becomes possible for people to hack into wireless networks, or for your friends and family to see your photos on your smart phone and learn about your medications. (We suggest that you delete all photos from your smart phone or other device immediately after sending the Virtual Pill Count.)

Since we cannot guarantee the privacy of Virtual Pill Counts, we cannot compel you to use this method of communication. However, please recognize that Virtual Pill Counts are offered only as a convenience. You have the right to refuse to utilize Virtual Pill Counts, but be aware that such refusal requires you to show up at our office with all your pills within 24 to 48 hours of our request.

Patient Name: _____ DOB: _____

- I hereby acknowledge that I have been informed that __ (your medical facility) __ cannot guarantee the privacy of any medical information sent by text or email. I have the right to refuse to send a Virtual Pill Count. However, refusing to do a Virtual Pill Count would then require me to participate in an in-person medication count, to show up at __ (your medical facility) __ physically with my medications. Failure to do either an in-person or a Virtual Pill Count could result in withdrawal of services and dismissal from __ (your medical facility) __.
- I acknowledge that any Virtual Pill Count I send by text or email is completely voluntary. I will not hold __ (your medical facility) __ responsible for safeguarding the privacy or security of any medical information sent by Virtual Pill Counts. I understand that any private information I send to __ (your medical facility) __ will be at my own risk and I assume all risks associated with loss of confidentiality.
- Signing this form does **NOT** require me to use the Virtual Pill Count system, but Virtual Pills Counts will not be permitted without this form signed. We suggest you sign this form ahead of any need; you can always choose to come in in-person if you choose not to use Virtual Pill Counts.

Patient Signature: _____ Date: ____/____/_____