

Consent for Email Communication of Patient Health Information

As a health care provider, providing access to your records in a secure manner while balancing ease of access is important to us. You have requested that we transmit a copy of your records, which may contain your Protected Health Information (PHI), via email. We are required by law to notify you that email is not a completely secure means of communication due to the fact that messages can be addressed to the wrong person or messages can be intercepted during transmission by a third party.

If you acknowledge the above risks and still would like for us to send your information via email, please complete the consent below. You are not required to authorize the use of email, and any decision not to sign this form will not impact your health care or treatment at this provider. If you decide not to use email, a copy of your records can be provided in another method of your choosing.

I acknowledge the above risks and consent to the use of email to distribute my Protected Health Information:

Signature

Date

Print Name

Email Address To Send PHI To