



HIPAA EMAIL CONSENT

Very important. Please read!

- HIPAA stands for the Health Insurance Portability and Accountability Act. HIPAA was passed by the U.S. government in 1996 in order to establish privacy and security protections for health information.
- Most popular email services (ex. Gmail, Hotmail and Yahoo) do not utilize encrypted email.
- When we send you an email, or you send us an email, the information that is sent is not encrypted. This means a third party may be able to access the information and read it since it is transmitted over the Internet. In addition, once the email is received by you, someone may be able to access your email account and read it.
- Email is a very popular and convenient way to communicate for a lot of people, so in their latest modification to the HIPAA, the federal government provided guidance on email and HIPAA. The information is available on the U.S. Department of Health and Human Services website at <https://www.hhs.gov/hipaa/for-professionals/faq/570/does-hipaa-permit-health-care-providers-to-use-email-to-discuss-health-issues-with-patients/index.html>.
- The guidelines state that if a patient has been made aware of the risks of unencrypted email, and that same patient provides consent to receive health information via email, then a health entity may send that patient personal medical information via unencrypted email.
- To keep you informed of clinic news and services, we may occasionally send you marketing emails. This require us to upload your name and email (but not personal health information) to a third-party email provider. You may opt out at anytime.

UNENCRYPTED EMAIL

Please check one

I understand the risks of unencrypted email and do hereby give permission to Park West Family Medicine to send me personal health information via unencrypted email.

I do not wish to receive personal health information via email.

Signature (parent or guardian if patient is a minor)

Date

Patient name (please print)

Email

MARKETING EMAILS

I hereby give permission for Park West Family Medicine to send me occasional emails with clinic news and information.

Signature (parent or guardian if patient is a minor)

Date

Patient name (please print)

Email

Please bring this completed form to your visit. Thank you!