



I, _____, agree to communicate with
_____ (doctor), regarding my care and/or that of my child(ren) via e-mail.

I have been informed of several precautions to guard the privacy and security of personal health-related information, consistent with federal HIPAA standards.

These precautions include:

- Communication regarding non-sensitive subject matter, primarily e-mails regarding scheduling, may take place without encryption of the e-mail.
- Emails may be sent bcc: to notify patients of appointment opportunities
- I recognize that every effort will be made to protect my privacy
- I have been encouraged to send personal health-related information as needed using these same safeguards, which may include digital encryption.

I recognize that despite these precautions, e-mail is not an entirely secure form of communication and e-mail communications may be intercepted and my privacy thus breached.

Signature

Date