

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.
- Information stored on our computers are encrypted.
- Most popular email services (ex. Hotmail®, Gmail®, 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 act; the federal government provided guidance on email and HIPAA.
- The guidelines state that if a patient has been made aware of the risks of unencrypted email, and if 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.
- Since e-mail can be used to spread viruses please don't send attachments in the emails. For example, some virus can cause e-mail messages to be sent to people who you do not intend to send e-mail to; therefore you should install and maintain virus protection software on your PC.

By consenting to the use of e-mail with Walton Pediatrics/Scripps Pediatrics, you agree that:

- Walton Pediatrics/Scripps Pediatrics may forward e-mails as appropriate for diagnosis, treatment, reimbursement, and other related reasons. As such, Walton Pediatrics/Scripps Pediatrics employees, medical staff, and other than the recipient, may have access to e-mails that you send. Such access will only be to people who have a right to access your e-mail to provide services to you. Otherwise, Walton Pediatrics/Scripps Pediatrics will not forward e-mails to independent third parties without your prior written consent, unless as authorized or required by law.
- Although Walton Pediatrics/Scripps Pediatrics will try to read and respond promptly to your e-mails; Walton Pediatrics/Scripps Pediatrics staff may not read your e-mail immediately. Therefore, you should not use e-mail to communicate with Walton Pediatrics/Scripps Pediatrics if there is an emergency or where you require an answer in a short period of time.
- If your e-mail requires or asks for a response and you have not received a response within a reasonable time period, it is your responsibility to follow up directly with Walton Pediatrics/Scripps Pediatrics.
- You should carefully consider the use of e-mail for the communication of sensitive medical information such as but not limited to; information regarding sexually transmitted diseases, AIDS/HIV, mental health, developmental disability, or substance abuse.

ACKNOWLEDGMENT AND AGREEMENT

Walton Pediatrics/Scripps Pediatrics will use reasonable means to protect the privacy of the patient’s health information. However, because of the risks outlined above, Walton Pediatrics/Scripps Pediatrics cannot guarantee that e-mail will be confidential. Additionally, Walton Pediatrics/Scripps Pediatrics will not be liable in the event that you or anyone else inappropriately uses or accesses your e-mail. Walton Pediatrics/Scripps Pediatrics’ will not be liable for improper disclosure of your health information that is not caused by Walton Pediatrics/Scripps Pediatrics intentional misconduct.

By signing this form, I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communications of e-mail between Walton Pediatrics/Scripps Pediatrics and me, and consent to the conditions outlined herein, as well as any other instructions that Walton Pediatrics/Scripps Pediatrics may impose to communicate with me by e-mail. Any questions I may have had were answered. I understand that this consent is valid until I revoke the consent as outlined above, except to the extent that a person who is to make a communication has already acted in reliance upon this authorization.

Please select an option below:

OPTION 1 – ALLOW UNENCRYPTED EMAIL

I understand the risks of unencrypted email and do hereby give permission to (Walton Pediatrics/Scripps Pediatrics) to send me personal health information via unencrypted email regarding patient _____.

Patient name

Signature **Date** **Printed name** **Please clearly print ONE email address**
(Parent or guardian if patient is a minor)

OPTION 2 – DO NOT ALLOW UNENCRYPTED EMAIL

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

Patient name

Signature **Date** **Printed name**
(Parent or guardian if patient is a minor)

OPTION 3– REVOKE UNENCRYPTED EMAIL

I wish to revoke unencrypted email communication regarding personal health information via email for patient

Patient name

Signature **Date** **Printed name** **Please clearly print email address**
(Parent or guardian if patient is a minor)

Also Walton Pediatrics/Scripps Pediatrics has the right to to revoke unencrypted email communication regarding personal health information via email.

REVOKE Date: _____ Reason: _____

Please fax completed form to 916-422-2741 or bring completed form into office