

TRANSCEND MEDICAL GROUP

HIPPA E-mail Consent

VERY IMPORTANT! PLEASE READ!

- HIPPA stands for the Health Insurance Portability and Accountability Act
- HIPPA was passed by the U.S. government in the 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 HIPPA Act; the Federal Government provided guidance on email & HIPPA.
- 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 email can be used to spread viruses, please do not send attachments in the emails. For example, some virus can cause email messages to be sent to people who you do not intend to send email to. Therefore, you should install and maintain a virus protection program/software on your computers and mobile devices.

By consenting to the use of email with Transcend Medical Group (“TMG”), you agree that:

- TMG may forward emails as appropriate for diagnosis, treatment, reimbursement, and other related reasons. As such, TMG employees, medical staff, and other than the recipient, may have access to emails that you send. Such access will only be to people who have a right to access your email to provide services to you. Otherwise, TMG will not forward emails to independent third parties without your prior written consent, unless as authorized or required by law.
- Although TMG will try to read and respond promptly to your emails; TMG staff may not read your email immediately. Therefore, you should not use email to communicate with TMG if there is an emergency or where you require an answer in a short period of time.
- If your email 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 TMG.
- You should carefully consider the use of email for 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.

*******CONTINUE ON NEXT PAGE**

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ACKNOWLEDGMENT AND AGREEMENT

Transcend Medical Group (“TMG”) will use reasonable means to protect the privacy of the patient’s health information. However, because of the risks outlined above, TMG cannot guarantee that e-mail will be confidential. Additionally, TMG will not be liable in the event that you or anyone else inappropriately uses or accesses your e-mail. TMG will not be liable for improper disclosure of your health information that is not caused by TMG 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 email between TMG and me, and consent to the conditions outlined herein, as well as any other instructions that TMG 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 TMG 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 Please clearly print ONE email address
(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 ONE email address
(Parent or guardian if patient is a minor)

Also TMG has the right to revoke unencrypted email communication regarding personal health information via email.

- REVOKE Date: _____ Reason: _____

Please fax completed form to 817-860-2700 or bring completed form into office