

## PATIENT EMAIL CONSENT FORM

**Please read carefully. This form discusses the risks of using email to share personal health information.**

To protect our patients' privacy we encrypt or otherwise secure your personal health information when it is stored in our offices and on our computers, and prefer to use more secure methods to transmit such information.<sup>1</sup> Please consider the following risks before requesting or transmitting personal health information by unsecure email:

- Email messages sent or received by CMA are generally not encrypted and may not be secure.
- Third parties may therefore be able to intercept, read, alter, forward or use personal health information transmitted by email, without authorization or detection by you or CMA.
- An unsecure email message may be accidentally or intentionally forwarded to unintended recipients.
- Employers and internet service providers generally have the right to inspect and review any email message transmitted, received, or stored using their systems.
- Information shared by email may be printed, copied, and stored by any recipient in multiple locations.
- Copies of email messages containing personal health information may be kept, for example on backup servers or hard drives, long after the "original" message is deleted by both the sender and the recipient.
- Documents may be forged and identities may be stolen to take advantage of these vulnerabilities.
- Your personal health information in CMA's records may include information relating to prescriptions and medications, communicable diseases, physical impairments, chronic conditions, genetics, behavioral and mental health services, alcohol and drug abuse or addiction, billing and payments, and other information related to your medical care and condition.
- CMA is not responsible for any unauthorized access to or use of your personal health information that results from any unencrypted transmission that you authorize.

### **PERMISSION TO ALLOW COMMUNICATIONS BY UNENCRYPTED EMAIL**

I understand the risks involved when personal health information is transmitted via unencrypted email, and hereby give CMA permission to use unsecured email and/or mobile phone text messaging to communicate with me regarding the following classes of personal health information (check all that apply):

Appointment Scheduling       Billing and Payment       Medical Care and Services

Other \_\_\_\_\_

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Signature

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Date

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Print Name

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Email Address

<sup>1</sup> For more information on our general privacy and security protections, see our Notice of Privacy Practices.