

Statement of Understanding

Notice of Rights for Secure Communication and Waiver of Those Rights

Federal law requires that this practice use secure/encrypted methods when texting or e-mailing patients. However, many patients do not participate in secure texting platforms or find encrypted e-mail undesirable. And at this time, the practice does not offer a secure/encrypted method to communicate electronically with patients.

But this practice still takes patient confidentiality and legal compliance very seriously. We will not send a patient electronic communications that are not secure/encrypted, unless the patient authorizes the practice to do so.

Please put an “x” next to the statement you agree to. Choose only one statement.

For electronic communications that include my private information (such as name, date of birth, health condition, diagnosis, or billing/financial information) I wish to receive only secure/encrypted electronic communications.

For ease of communication, I authorize this practice to contact me via unsecured text and/or unencrypted email. These communications may or may not include private information (such as name, date of birth, health condition, diagnosis, or billing/financial information). I understand the risks inherent in using unsecured/unencrypted communications.

I acknowledge that I may change my preference above at any time by notifying the practice in writing.

Patient Name

Date

Patient Signature