

Email Consent for HIPAA Protected Health Information

It is important for every patient to know and understand that information via email and over the internet are not secure or encrypted. Although it is unlikely, there is a possibility that information you include in an email can be intercepted and read by other parties besides the person to whom it was addressed. The guidelines under HIPAA state in summary, “If a patient is made aware of the risk of unencrypted email(s), and the same patient provides consent to receive health information via email, then a healthcare facility may send HIPAA protected medical information via unencrypted email.” 45 CFR §164.522(b).

By clicking the box to “opt-in” you acknowledge that email information is not secure, nor encrypted; and therefore, your protected health information is at risk of being intercepted and read by unintended parties. You also understand that communication via email is not to be used for an emergency or urgent medical needs, appointment scheduling, or medication refills. Finally, you also understand and accept for Family Medicine, PC to contact you via unencrypted email to respond to your inquiry or inquiries.

By clicking the box to “opt-out” you understand that there will be no email communication regarding your protected health information with Family Medicine, PC. You still will receive text and email notifications for appointments and patient portal alerts.

- “opt-in” for email communications of protected health information

- “opt-out” of email communications of protected health information

Patient Signature

Date

Patient Portal Consent

In our ongoing efforts to improve the quality of care that Family Medicine, PC provides, we are pleased to announce the availability of our Patient Portal to better serve you. Our Patient Portal is a **secure**, encrypted, web-based system that allows you to review certain aspects of your medical record. The portal also allows you to securely communicate with us between visits for **NON-EMERGENT** issues and questions.

By clicking the box to “opt-in”, you understand and authorize:

1. For Family Medicine, PC to activate your Patient Portal using the email address you provided.
2. It is your responsibility to safeguard your Patient Portal password to maintain security and privacy of your protected health information.
3. You understand that Family Medicine, PC will use your Patient Portal as a means of communication when appropriate.
4. You understand that your Patient Portal is not to be used for an emergency or urgent medical needs, appointment scheduling, or medication refills.
5. You understand that your Patient Portal does not replace the need for you to keep your regular appointments with your medical providers.

“opt-in” for my Patient Portal

“opt-out” of my Patient Portal

Patient Signature

Date

Updated 5/2024
Email and Portal Consent
Google Docs