

HIPAA Digital Correspondence Consent and Preferences

- HIPAA stands for the Health Insurance Portability and Accountability Act. It was passed by the federal government in 1996 in order to establish privacy protections for health information.
- Most popular email services (ex. Hotmail®, Gmail®, Yahoo®) do not utilize encrypted email. When we exchange 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 their latest modification to the HIPAA act, the federal government provided guidance on email and HIPAA. The information is available in a pdf (page 5634) on the U.S. Department of Health and Human Services website - <http://www.gpo.gov/fdsys/pkg/FR-2013-01-25/pdf/2013-01073.pdf>
- The guidelines state that if a patient has been made aware of the risks of unencrypted email, and provides consent to receive health information via email, then a health provider may send that patient personal medical information via unencrypted email.

OPTION 1: ALLOW UNENCRYPTED EMAIL OR TEXT MESSAGING:

YES _____ I understand the risks of unencrypted email and give permission to Dr. Janet Settle and staff to send me personal health information (i.e. appointment reminders, scheduling, test results, clinical questions, logistics, supplement orders, billing statements) via unencrypted email or text.

OPTION 2: DO NOT ALLOW UNENCRYPTED EMAIL

NO _____ I do not wish to receive unencrypted email or text from Dr. Settle's office.

CONTACT METHODS: How do you prefer to be contacted by our office? Please authorize as many methods as possible so we have back-up options, and indicate which is preferred.

- **Cell Phone/Voicemail: Number** _____
- **Okay to call me at this number** Yes ___ No ___
- **Okay to leave a message for me at this number** Yes ___ No ___
- **This is my first choice method of contact** Yes ___ No ___

- **Home Phone/Voicemail Number** _____
- **Okay to call me at this number** Yes ___ No ___
- **Okay to leave a message for me at this number** Yes ___ No ___
- **This is my first choice method of contact** Yes ___ No ___

- **Text Message: Number** _____
- **Okay to text me at this number** Yes ___ No ___
- **This is my first choice method of contact** Yes ___ No ___

- **Email Address:** _____
- **Okay to email me at this address** Yes ___ No ___
- **This is my first choice method of contact** Yes ___ No ___

Signature: _____

Date: _____

Print Name: _____