



HIPAA Email Consent for Copy of Personal Health Record

VERY IMPORTANT ! PLEASE READ !

- HIPAA was passed by the US Government in 1996 in order to establish privacy and security protections for health information.
- Information stored on our computers are encrypted
- Most popular email services (ex. @gmail, @yahoo, @hotmail) do not utilize encrypted email
- **When we send you 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 HIPAA act; the federal government provided guidance on email and HIPAA.
- 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.
- Due to the high risk of introducing computer viruses to Neurological & Spinal Surgery LLC- Do Not Send Unencrypted Emails To NSS.
- For communication on medications, diagnosis, treatment or sensitive health information- Please Utilize the NSS Patient Portal for secure encrypted communication.

By consenting to the use of email for PHI with Neurological & Spinal Surgery LLC, you agree that:

- Under the HIPAA Privacy Rule, a covered entity must act on an individual's request for PHI no later than 30 calendar days after receipt of the request. If the covered entity is not able to act within this timeframe, the entity may have up to an additional 30 calendar days, as long as it provides the individual – within that initial 30-day period – with a written statement of the reasons for the delay and the date by which the entity will complete its action on the request. See 45 CFR 164.524(b)(2).

ACKNOWLEDGMENT AND AGREEMENT

Neurological & Spinal Surgery LLC will use reasonable means to protect the privacy of the patient's health information. However, because of the risks outlined above, Neurological & Spinal Surgery cannot guarantee that email will be confidential. Additionally, Neurological & Spinal Surgery LLC will not be liable in the event that you or anyone else inappropriately uses or accesses your email. Neurological & Spinal Surgery LLC will not be liable for improper disclosure of your health information that is not caused by Neurological & Spinal Surgery LLC 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 for email between Neurological & Spinal Surgery LLC and me, and consent to the conditions outlined herein, as well as any other instructions that Neurological & Spinal Surgery LLC may impose to communicate with me by email. Any questions I may have here 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.

- ALLOW UNENCRYPTED EMAIL (Check mark Box)

I understand the risks of unencrypted email and do here by give permission to Neurological & Spinal Surgery LLC to send my personal health record via unencrypted email to: _____

Date: _____

Email Address

Patient Name : _____

Signature : _____ DOB: _____