



## AUTHORIZATION TO EMAIL PROTECTED HEALTH INFORMATION

Although secure electronic messaging is preferred to unsecure email messaging for communication of protected health information, unsecure email communication containing sensitive health information can be sent between Therapy Junction staff and patient/patient's legal guardian. If this form is completed and signed by the patient/patient's legal guardian, then unsecure email communication about the patient's medical care and treatment may be used to transmit information between the patient/patient's legal guardian and Therapy Junction.

### Authorize email communication

- I authorize the Therapy Junction clinical staff to email me regarding the course of my medical care, treatment and diagnostic test results.
- I authorize Therapy Junction administration to email me with questions regarding my account status.

*Patient/representative's email address*

*(please print):* \_\_\_\_\_

### Change email address

- I am changing my email address to be used for communications with Therapy Junction

*New email address (please print):* \_\_\_\_\_

### Discontinue email communication

- I no longer wish to communication via email.

- I understand that I have the right to revoke this authorization at anytime by indicating so above. If I want to revoke this authorization, I must do so in writing and address it to the entity that I have previously authorized to disclose my information. I understand that if I revoke this authorization, it will not apply to any information already released as a result of this authorization.
- I understand this authorization is voluntary and that I may refuse to sign it.
- I understand that, once information is disclosed pursuant to this authorization, it is possible that it could be disclosed by the entity that receives it for authorized purposed under the HIPPA privacy rule.

## Alert for Electronic Communication

Patients and/or personal representatives who want to communicate with their health care providers by email should consider all of the following issues before signing an Authorization to Email Protected Health Information:

1. Email at Therapy Junction can be forwarded, intercepted, printed and stored by others.
2. Email communication is a convenience and is not appropriate for emergencies or time-sensitive issues.
3. Highly sensitive or personal information should only be communicated by email at the patient's/representative's discretion.
4. Employers generally have the right to access any email received or sent by a person at work.
5. Staff other than the health care provider may read and process email.
6. Therapy Junction will not be held liable for information lost or misdirected due to technical errors or failures.

I have read and understand the Alert for Electronic Communication and agree that email messages may include protected health information about me / the patient, whenever necessary.

\_\_\_\_\_  
Patient/representative's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient's printed name

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Patient representative's name

\_\_\_\_\_  
Relation

*\*Please note that this Authorization is not valid unless completed in full. This Authorization will not expire unless revoked in writing.*