

NOTICE AND AUTHORIZATION TO COMMUNICATE BY EMAIL, TEXT MESSAGE AND OTHER NON-SECURE MEANS

Patient Name: _____ Date of Birth: _____

Patient Email Address: _____

Meridian Hand Therapy, Inc. and its staff cannot guarantee the security and confidentiality of an e-mail transmission. Employers and on-line services have the right to access and archive e-mail transmitted through their systems. If your e-mail is a family address, other family members may see your messages, therefore, please be aware that you e-mail at your own risk. Because of the many internet and email factors beyond our control, we cannot be responsible for misaddressed, misdelivered or interrupted e-mail. Your health care provider is not liable for breaches of confidentiality caused by yourself or a third party.

E-mail is best suited for routine matters and simple questions. You should not send us e-mail for urgent or emergency situations or for matters requiring an immediate response. Your provider will attempt to read and respond promptly to e-mail but cannot guarantee that any particular e-mail will be read and responded to within any particular period of time. Time sensitive issues should be taken care of by telephone.

Please do not use e-mail for communications regarding sensitive health information, such as sexually transmitted diseases, AIDS/HIV, mental health or substance abuse.

Please include your full name, birthdate and telephone number in all e-mails. List the subject of your e-mail in the "Subject" line of your message.

All e-mails between you and your provider regarding diagnosis or treatment will be printed and made part of your permanent health information.

Your provider may forward your e-mail to other staff members as necessary for response. However, your e-mail will not be forwarded outside the health care team without your authorization.

It may become useful during the course of treatment to communicate by email, text message (e.g. "SMS") or other electronic methods of communication. All these methods of communication are non-encrypted and therefore not considered fully secure, and do not meet the security requirements set forth by the Health Insurance Portability and Accountability Act (HIPAA). These methods, in their typical form, are not confidential means of communication. There may be some level of risk that your private medical information in email could be read by a third party. Unauthorized access of protected health information while in transmission to you may occur.

There is a reasonable chance that a third party may be able to intercept and eavesdrop on those messages.

Phone and fax are considered more secure. However, because of their extreme convenience and wide availability, these non-secure methods are offered as an additional means of communicating with Meridian Hand Therapy, Inc. and its staff.

Meridian Hand Therapy, Inc. and its staff are not responsible for safeguarding information once delivered to you. You are responsible for protecting your password or other means of access to e-mail.

**CONSENT FOR TRANSMISSION OF PROTECTED HEALTH
INFORMATION BY NON-SECURE MEANS**

I authorize and consent to allow **Meridian Hand Therapy, Inc. and its staff** to use unsecured email and mobile phone text messaging to transmit to me the following protected health information:

- 1) Information related to the scheduling of meetings or other appointments;
- 2) Information related to billing and payment;
- 3) Medical records and reports.

I have been informed of the risks, including but not limited to my confidentiality in treatment, of transmitting my protected health information by unsecured means. I understand that I am not required to sign this agreement in order to receive treatment. I also understand that I may terminate this consent at any time. This agreement expires one year following the last date of service.

Signature of Patient

Date: _____

Witness

Date: _____