



Authorization to Email Protected Health Information

Although secure electronic messaging via our patient portal is preferred, The Healing Sanctuary recognizes that at times email communications may be more convenient for patients. Please complete and sign this authorization if you wish to receive email communications regarding your healthcare.

By my signature below, I authorize the following types of email communications: (Check One)

- Patient protected healthcare information regarding the course of my medical care, treatment and diagnostic test results, **excluding** information concerning mental health, substance abuse and sexually transmitted disease.
- Patient protected healthcare information regarding the course of my medical care, treatment and diagnostic test results, **including** mental health, substance abuse and sexually transmitted disease.

Patient or their representative's designated email address for these types of communications (*please print*):

Email Address: _____

Signature required on the next / back page

Request for change of email address:

- I am changing the email address to be used for communications with The Healing Sanctuary.

New email address (*please print*)

Email Address: _____

Signature required on next / back page

Right to Revoke: **signature required on next page**

- Please discontinue email communication of my protected healthcare information
- I understand that any email transmissions may become part of my medical record and will be used and disclosed in accordance with The Healing Sanctuary Notice of Privacy Practices.
 - I understand that I have the right to revoke this Authorization at any time by indicating so above. I understand that if I revoke this Authorization, it will not apply to any information already released as a result of this Authorization. I further agree to allow THS up to 10 days to process my revocation request.
 - I understand that this Authorization is voluntary and that I may refuse to sign it. I also understand that The Healing Sanctuary will not deny care based on any refusal to agree to this Authorization.
 - I understand that, once information is disclosed pursuant to this Authorization, it is possible that it could be further disclosed and may no longer be covered by the HIPAA 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 receive or send emails containing Protected Health Information:

1. Email from The Healing Sanctuary could possibly be forwarded, intercepted, printed or 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 discretion (i.e. HIV status, mental illness, chemical dependency, etc.)
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. Clinically relevant messages and responses will be documented in the medical record at the provider's discretion.
7. Copies of email may exist even after the sender or the receiver has deleted his or her copy.
8. Email service providers have a right to archive and inspect emails sent through their systems.
9. Email is easier to forge than handwritten or signed papers.
10. The Healing Sanctuary will not be liable for information lost or misdirected due to technical errors or failures.
11. The use of open internet email channels is not secure or encrypted – meaning that messages could potentially be viewed by unauthorized persons who might intercept or read those emails.
12. The Healing Sanctuary utilizes a HIPAA-compliant encrypted email service, this does not mean that emails you send or forward are necessarily encrypted. Though extremely difficult, it is not impossible for encryptions to be broken.

I have read and understand the *Alert for Electronic Communications* and request to receive email messages that may include my protected health information. Additionally, I agree that The Healing Sanctuary will not be liable in the event that I or anyone else inappropriately uses or accesses my email, or by any technical failures of the encrypted email system.

This Authorization must be complete to be valid and shall remain in effect until revoked.

Patient or Authorized Representative signature

Date

Patient printed name

Date of birth

Authorized Patient Representative printed name

Relationship