

# ELECTRONIC COMMUNICATIONS AUTHORIZATION FORM

Seattle Naturopathic and Acupuncture Center

The Health Insurance Portability and Accountability Act (HIPAA) requires that all health care providers take reasonable measures to safeguard your Protected Health Information (PHI) at all times. This includes securing your PHI as much as possible when it is communicated electronically via facsimile, text, or email. Unfortunately, even with appropriate safeguards in place, it is impossible to ensure that electronic communications are entirely safe at all times. In order to accommodate requests for electronic communications for purposes such as appointment scheduling, billing, health record transmission, and marketing, HIPAA requires that we obtain your written authorization.

We understand that you are on a path to better well-being and we would like to facilitate that process as much as possible.

Electronically transmitting copies of your Electronic Health Record saves you time and money.

Authorizing us to quickly communicate with you and/or others involved in the handling of your care will help us to better serve you.

Please carefully read the risks listed below and ask any questions of us that you may have.

You may revoke these authorizations at any time by speaking with our office staff.

## Risks and Conditions of Using Electronic Communication:

- Use of electronic communications to discuss sensitive information can increase the risk of such information being disclosed to third parties.
- Despite reasonable efforts to protect the privacy and security of electronic communication, it is not possible to completely secure the information.
- Electronic communications can introduce malware into a computer system, and potentially damage or disrupt the computer, networks, and security settings.
- Electronic communications can be forwarded, intercepted, circulated, stored, or even changed without the knowledge or permission of the provider or the patient.
- Even after the sender and recipient have deleted copies of electronic communications, back-up copies may exist on a computer system.
- Email, text messages, and instant messages can more easily be misdirected, resulting in increased risk of being received by unintended and unknown recipients.
- Email, text messages, and instant messages can be easier to falsify than handwritten or signed hard copies. It is not feasible to verify the true identity of the sender, or to ensure that only the recipient can read the message once it has been sent.
- Electronic communications concerning diagnosis or treatment may be printed or transcribed in full and made part of your medical record. Other individuals authorized to access the medical record, such as staff and billing personnel, may have access to those communications.
- The Physician may forward electronic communications to staff and those involved in the delivery and administration of your care. The Physician might use one or more of the Services to communicate with those involved in your care. The Physician will not forward electronic communications to third parties, including family members, without your prior written consent, except as authorized or required by law.

- I understand the risks associated with secured and unsecured electronic transmissions and hereby authorize Seattle Naturopathic and Acupuncture Center to communicate with me via email for the purpose of health care operations.
- I understand the risks associated with secured and unsecured electronic transmissions and hereby authorize Seattle Naturopathic and Acupuncture Center to communicate with me via email for marketing purposes.
- I understand the risks associated with secured and unsecured electronic transmissions and hereby authorize Seattle Naturopathic and Acupuncture Center to communicate with my Primary Care Provider as listed in my New Patient Intake.
- I understand the risks associated with secured and unsecured electronic transmissions and hereby authorize Seattle Naturopathic and Acupuncture Center to transmit my Electronic Health Record to those involved in the handling of my care with my signed authorization. I understand that I will be notified beforehand so as to ensure that my PHI is sent only to the appropriate parties as requested by me.
- I understand the risks associated with secured and unsecured electronic transmissions and therefore reserve my right to opt out of any electronic communications regarding my health care.***

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
My email address

\_\_\_\_\_  
My cell number