

- HIPAA stands for the Health Insurance Portability and Accountability Act
- HIPAA was passed by the U.S. government in 1996 in order to establish privacy and security protections for health information and updated in 2013
- Personal Information is not stored on our computers
- Most popular email services (ex. Hotmail®, Gmail®, Yahoo®) do **not** encrypt email
- When we send you an email, or you send us an email, the information that is sent is **not necessarily 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 many people, so in their latest modification to the HIPAA act, the federal government provided guidance on email and HIPAA. The information is available in a pdf (page 5634) on the U.S. Department of Health and Human Services website. <http://www.gpo.gov/fdsys/pkg/FR-2013-01-25/pdf/2013-01073.pdf>
- The guidelines state that if a patient has been made aware of the risks of unencrypted email, and 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
- Email sent from Practice Fusion/Patient Fusion/Zocdoc is NOT initiated by Greenlake Primary Care this includes all patient satisfaction surveys. If you do not wish to receive emails from these entities, please contact them directly.
- When you initiate an email to our office, you are accepting the risk of sending unencrypted health information and thereby waiving your right to privacy in that instance.

**OPTION 1 – ALLOW UNENCRYPTED EMAIL**

I understand the risks of unencrypted email and do hereby give permission to Greenlake Primary Care to send personal health information via unencrypted email to me; they may also communicate via email with my specialists and other outside providers as indicated by me through a signed release of information form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ (please indicate if you the patient or guardian of a minor)

**OPTION 2 – DO NOT ALLOW UNENCRYPTED EMAIL**

I do not wish to allow personal health information via email.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ (please indicate if you the patient or guardian of a minor)