

MANY PATHS ACUPUNCTURE
700 PROSPECT STREET, SUITE 101
PORT ORCHARD, WA 98366

**EMAIL COMMUNICATION OF HEALTH & BILLING INFORMATION FACT SHEET AND
CONSENT FORM**

You may request that we communicate with you via unencrypted electronic mail (email). This Fact Sheet will inform you of the risks of communicating with your healthcare provider via email. Your health is important to us and we will make every effort to reasonably comply with your request to receive communications via email, however, we reserve the right to deny any request for email communications when it is determined that granting such a request would not be in your best interest.

Risks of using email to send protected health information include, but are not limited, to:

- **Risk of Unauthorized Access by a 3rd Party:** Emails may be accessed by someone you do not wish to know about your health information. Despite necessary precautions, email may be sent to the wrong address by either party. Email may be intercepted or altered in transmission by a computer hacker or computer virus. Or may be viewed by someone who has access to your email.
- **Unique Difficulty in Verifying the Sender:** Email may be easier to forge than handwritten or signed papers. We will only send emails to the email address you provide, but it may be difficult to confirm that you are in fact the person sending the request for information from your email address.

If at any time you change your email address or wish to discontinue email communications altogether, you must notify us immediately in writing.

PATIENT CONSENT TO UNENCRYPTED EMAIL COMMUNICATIONS

By signing below, you acknowledge your recognition and understanding of the inherent risks of communicating your health information via unencrypted email and hereby consent to receive such communications despite those risks. Messages containing clinically relevant information may be incorporated into the medical record at the provider's discretion.

By signing below, you also acknowledge that you have the choice to receive communications via other more secure means such as by telephone. By signing below, you agree to hold Many Paths Acupuncture harmless for unauthorized use, disclosure, or access of your protected health information sent to the email address you provide.

X _____
Patient Signature

Date

signed by someone other than the Patient, state your relationship to the Patient and a description of your authority to act on the Patient's behalf:
