REQUEST AND AUTHORIZATION TO EMAIL
PROTECTED HEALTH INFORMATION

By signing below, you acknowledge that you understand the inherent risks involved with sending and receiving information in an unencrypted, unsecured, format (such as regular email or unencrypted disc), and you agree to accept these risks and are requesting that A+ Family Urgent Care communicate with you via email. Such risks include misdirected messages, email intrusion, interception, or views by unauthorized parties. Additionally,

1. A+ Family Urgent Care does not recommend communicating health information that is sensitive in nature such as information that may be afforded additional protections under state and federal law (e.g., HIV/AIDS information, substance misuse and abuse treatment records information, mental health information, social security numbers, genetic information, credit card information) via email.
2. This form only pertains to general communications. To request copies of your medical records, please contact the A+ Family Urgent Care office where you are being treated to process your medical record request. Email should not be relied on or used to communicate your treatment needs or in the case of emergencies. If you have a medical emergency, you agree to dial 911.
3. You will be asked to verify your email address to ensure your information is protected.

I would like to communicate via _____ secure, encrypted email __x___ unencrypted (unsecure email)

Please provide the following information:
Patient name: _____ Date of birth: _____
Phone #: _____
Address: _____

Please specify the e-mail address to which communications should be addressed:
_____

Please select the question you want to use (by checking one of the boxes below) to validate your email address and provide your answer.
__ My mother's maiden name:_____
__ My middle name: _____
__ The street number of my residence: _____

Please initial each blank above and sign below:

_____ _____
Patient/Representative Signature Date

_____ _____
(relationship to patient if not patient) Telephone #