



CONSENT FOR TRANSMISSION OF PROTECTED HEALTH INFORMATION BY NON-SECURE MEANS

Patients and/or guardians who wish to utilize electronic means to communicate with Specialty Clinic of Austin must provide their written consent by signing this authorization.

Despite reasonable efforts to protect the privacy and security of electronic messages (e.g., email, text message appointment reminders) sent by Specialty Clinic of Austin, it is not possible to completely secure the information. There is some risk that any confidential health information that is contained in these transmissions may be misdirected, disclosed to, or intercepted by unauthorized third parties. We encourage you to consider the following risks and recommendations prior to signing this authorization. **You are not required to sign this form if you prefer to opt-out of electronic communication and instead to communicate by telephone.**

Risks of Using Electronic Messaging

- Specialty Clinic of Austin does not utilize encrypted electronic messaging so messages may not be secure. It is possible that the confidentiality of such communications may be breached by a third party.
- Electronic messages can easily be misdirected, resulting in increased risk of being received by unintended and unknown recipients. It is not feasible to verify the true identify of the sender, or to ensure that only the recipient can read the message once it has been sent.
- Electronic messages can be circulated, forwarded, stored, and intercepted by unintended recipients. They can also be altered, falsified, or used without authorization or detection.
- Backup copies of electronic messages may exist even after the sender or the recipient has deleted his or her copy.
- Electronic messages can be used as evidence in court. They may be disclosed in accordance with a duty to report or a court order.

Recommendations, Conditions, and Instructions for Using Electronic Messaging

- Electronic messages will become part of your medical record. Electronic messages will be accessed and processed by authorized clinic staff other than the health care provider.
- Electronic messaging is not appropriate for time-sensitive, urgent or emergency situations. Specialty Clinic cannot guarantee that any electronic messages will be read and responded to within any particular period of time. Additionally, the practice server may go down which will delay receipt of electronic messages by Specialty Clinic.
- Electronic communication is not an appropriate substitute for in-person clinical consolation or examinations, or for attending the emergency department when needed. You are responsible for following up on Specialty Clinic's electronic communication and for scheduling appointments when warranted.
- Email must be concise and limited to administrative purposes. It is not an appropriate means of communication for therapeutic purposes. You should schedule an appointment if the issue is too complex or sensitive to discuss via electronic messaging.
- Employers and online services may have a legal right to access and store electronic communications that pass through their systems or equipment. We recommend that you avoid using your employer's systems or equipment to exchange electronic messages with Specialty Clinic.





- Avoid using your employer's systems or equipment to communicate with Specialty Clinic. Most employers and online services have the right to inspect electronic messages transmitted through their systems.
- Highly sensitive or personal information should only be communicated by electronic message at the patient's discretion.
- If your email invites a response from Specialty Clinic and you have not received one within two business days, it is your responsibility to follow up to determine whether the intended recipient received the email.

Initial beside each statement to indicate your understanding and consent.

_____ I understand that this authorization is voluntary and that I may refuse to sign it.

_____ This authorization will not expire unless revoked in writing by myself for Specialty Clinic. I have the right to revoke this authorization at any time. I understand that if I revoke this Authorization, it will not apply to any information already released as a result of this authorization, or to any messages already embedded in my medical record prior to the date of revocation.

_____ Specialty Clinic of Austin and its affiliates are not liable for improper disclosure of confidential information that is not caused by Specialty Clinic's intentional misconduct. I release and discharge Specialty Clinic and its affiliates from and against any and all losses, claims, and liabilities arising out of or connected with the use of such electronic messaging.

_____ I have read and fully understand this consent form. I understand the risks associated with using electronic messages to communicate with Specialty Clinic and its affiliates. I consent to the conditions and instructions outlined, as well as any other instructions that Specialty Clinic may impose to communicate with me by electronic messaging systems. If I have any questions, I may inquire with the Practice Privacy Officer (Jessica Ramirez).



Email Address

Patient/Guardian's Name

Patient/Guardian's Signature

Date