

Email Transmission Consent Form

Date: _____

Dear _____,

You have asked us to send your Protected Health Information by email (or by fax which may use Internet Protocol lines to transmit the data). Before we send it, we want to make sure you are aware of the risk of email communications.

Most email is unencrypted between sender and receiver. Unencrypted email provides as much privacy as a postcard. Email messages on your computer, laptop, or other device have inherent privacy risks especially when your email access is provided through your employer. Email is sent at the touch of a button. Once sent, an email message cannot be recalled or cancelled. Errors in transmission (by us or by you) can occur.

In order to confirm that you give us permission to mail you the records you have requested, and that you accept the risks of unencrypted email transmission, please complete the following information and sign at the bottom of this form.

Patient Name: _____ Date of Birth: _____
Phone Number: _____ Email Address: _____

I understand that communications over the Internet or use of an email system may not be secure and there is no assurance of confidentiality when communicating via unencrypted email.

I understand and agree to the following:

- The email address provided is accurate and I accept responsibility for messages sent to or from this email address.
- I have the right at any time to revoke this authorization by emailing my revocation to privacy@mfars.org .
- I agree to hold Morganville First Aid and Rescue Squad, Inc. harmless from any and all claims and liabilities arising from or related to this request to communicate via unencrypted email.

Signature of Patient

Date