

# Huber Dental Inc.

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805-498-9641

Staff Signature: \_\_\_\_\_ Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

## HIPAA Email Consent

- HIPAA stands for 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.
- Information stored on our computers is encrypted.
- Most popular email services (ex. Hotmail, Gmail, Yahoo, etc.) do not utilize encrypted email.
- When we send you an email, or you send us an email, the information that is sent is not 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 a lot of people. In their latest modification to the HIPAA Act, the federal government provided guidance on email and HIPAA.
- The information is available in a pdf 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.

### **OPTION 1 – ALLOW UNENCRYPTED EMAIL**

I understand the risks of unencrypted email and do hereby give permission to Huber Dental Inc. to send me personal health information via unencrypted email.

Name: (Print) \_\_\_\_\_ Signature: \_\_\_\_\_

Please print email address: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

I do not wish to receive personal health information via email. I understand that a digital hard copy of my x-rays can be sent to me by mail for a charge of \$25 or for pick up at the office for \$20.

Name: (Print) \_\_\_\_\_ Signature: \_\_\_\_\_

Please print address: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please note that there will be additional charges for complete copies of your chart if you request them. Please call for fees.**