

REQUEST FOR CONFIDENTIAL COMMUNICATIONS FORM VIA EMAIL/MAIL

PATIENT: _____ **DOB:** _____

EMAIL: _____

SSN: _____ **PHONE:** _____

I understand that under the Health Insurance Portability and Accountability Act of 1996, I have the right to make reasonable requests to receive confidential communications of my protected health information from Jouvence Aesthetics by alternative means or at alternative locations. By completing and signing this form, I am requesting Practice communicate with me via email at the address above.

I acknowledge and agree to the following:

- I have received and reviewed the "Important Information About Email" notice; had an opportunity to ask questions and have had such questions answered to my satisfaction; and understand the information contained within the notice.
- Despite the possibility that my email system may not be encrypted or secure and there are no assurances of confidentiality, I consent to the Practice communicating with me via email.
- The email address above is accurate and it is my responsibility to update the Practice of any changes.
- I may withdraw this consent at any time by delivering written notice to the Practice.

Please mark the ways that you consent to us communicating with you:

*Best Time to Call Examples: morning, afternoon, daytime, evening, emergency only, do not call, or do not leave a message

Method	Ok to Leave Voicemail	Ok to Leave Message with Another Person	Preferred Contact Method(s)	Best Time to Call*
<input type="checkbox"/> Call Work Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	AM / PM / Any
<input type="checkbox"/> Call Cell Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	AM / PM / Any
<input type="checkbox"/> Call Home Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	AM / PM / Any

Ok to send Email ?

- Email Appointment Reminders Yes No
- Email Medical Info/Communicate with Staff Yes No
- Email Office Specials/News Yes No

Ok to send Regular Mail? Yes No

Ok to send Text Message for Appointment Reminders? Yes No

-IF YES, PLEASE LIST CELL PHONE CARRIER (e.g., AT&T):

Please list your **Emergency Contact(s)**:

Name	Relationship	Contact Number

PATIENT SIGNATURE (OR PERSONAL REPRESENTATIVE) _____

DATE _____

PRINTED NAME _____

PERSONAL REPRESENTATIVE'S AUTHORITY (IF APPLICABLE)

IMPORTANT INFORMATION ABOUT EMAIL

THIS NOTICE DESCRIBES THE RISKS ASSOCIATED WITH UNENCRYPTED EMAIL. PLEASE REVIEW IT CAREFULLY.

SECURITY RISKS

Most standard email providers such as Gmail, Yahoo, Hotmail, etc. do not provide a secured or encrypted means of communication. As a result, there is risk that any protected health information contained in an email may be disclosed to, or intercepted by, unauthorized third parties. Additionally, email messages accessible through personal computers, laptops, or phones have inherent privacy risks especially when the email account is provided by an employer, when the account is not password protected, or the account is shared. Use of more secure communications, such as phone, fax or mail is preferred and always an available alternative.

RESPONSIBILITY

When consenting to the use of email through such unsecured or unencrypted systems, you are accepting responsibility for any unauthorized access or disclosure to protected health information contained within the message. The Practice will not be responsible for unauthorized access of protected health information while in transmission and will not be responsible for safeguarding information once it is delivered. The Practice will take steps to ensure that any email with protected health information is protected prior to being sent to the requested address and will use the minimum necessary amount of protected health information when communicating with you.

ADDITIONAL INFORMATION

It is important to understand that emails will not be used to replace or facilitate communications between you and your physician and will not be considered private communications. There is no guarantee that the Practice will be actively monitoring the inbox so responses and replies sent to or received by you or the Practice may be hours or days apart. Email messages may be inadvertently missed or errors in transmissions may occur. The Practice will not be responsible for any issues caused by delays in communications. If you have an immediate need or an emergency situation, you must contact the Practice by telephone or dial 9-1-1 if applicable. Practice staff will be utilized to monitor the inbox in order to properly direct or respond to communications received. Therefore, any information considered sensitive should not be included in your communications.

At the Practice's discretion, any email message received or sent may become part of your medical record.

RETAIN FOR YOUR RECORDS