

E-MAIL RELEASE FORM

Date: _____

I, _____
(insert name of Patient or Patient's Representative)

want to communicate via e-mail with BryanLGH Heart Institute on matters related to my health and /or my medical treatment. I understand that any Confidential Health Information that I send to the practice is not secure and is sent at my own risk. I will not hold the practice, nor any of its workforce members, liable for loss of any confidentiality associated with information transmitted via e-mail.

I also understand that it is not the policy of the practice to encrypt any Confidential Health Information I request to be sent to me via e-mail. Because this information is not encrypted I understand that it is not secure. I acknowledge this risk and will not hold the practice or any of its workforce members liable for any loss of confidentiality associated with such transmissions.

Name: _____
(Print Patient's Name or Name of Patient's Representative)

Signature: _____
(Signature of Patient or Patient's Representative)

Witnessed by: _____
(Print Name)

Signature: _____
(Signature of Witness)

HIPAA E-Mail Release Form

Before sending any non-encrypted e-mail communications (including attachments) containing Protected Health Information to any recipient, ensure that this Form has been signed and is on file. Provide a copy to the Patient.