



Electronic Communication Agreement

Date: _____

The following is intended to assist you with your determination of whether you wish to electronically communicate with First Choice Pediatrics via email.

General Considerations

- As your healthcare provider, First Choice Pediatrics will treat Electronic Communications with the same degree of privacy and confidentiality as written medical records. First Choice Pediatrics has taken reasonable steps with internal information technology systems to protect the security and privacy of your personal identity and health information in accordance with the security guidelines required by the Health Insurance Portability and Accountability Act of 1996, as amended (“HIPAA”).
- Standard email services, including, but not limited to, AOL, Yahoo, Hotmail, Outlook, and Gmail, are not secure. This means that the email messages, including any individually identifiable health information and other sensitive or confidential information that may be contained in such email messages, will be encrypted with a password that will be provided over the phone but could still be misdirected, disclosed to, read or intercepted by, unauthorized third parties.
- I have read and understood the above description of the risks and responsibilities associated with Electronic Communications with First Choice Pediatrics. I acknowledge that commonly used Electronic Communications are not secure.

Please initial **ONE** of the below statements:

- A. ____ Having been informed of the risks associated with Electronic Communications, I consent to, accept the risk in and still desire to communicate with First Choice Pediatrics via Electronic Communications. I understand that I can withdraw this consent authorizing First Choice Pediatrics to communicate with me via Electronic Communications at any time by written notification to First Choice Pediatrics.

My email address is _____.

- B. ____ Having been informed of the risks associated with Electronic Communications, I do *not* consent to, accept the risk in and desire to communicate with First Choice Pediatrics via Electronic Communications. I understand that I can change my mind and provide a consent authorizing First Choice Pediatrics to communicate with me via Electronic Communications at a later time by written notification to First Choice Pediatrics.

To the extent that I have checked Box A, a written cancellation in the future will have no effect on any Electronic Communications that may have been released prior to the receipt of the written cancellation. Information released may be subject to re-disclosure by the recipient. I understand that a copy of this release is as valid as the original and I may also receive a copy of this form after I sign it. In consideration of this consent, I hereby release First Choice Pediatrics from any and all liability that I may have resulting from Electronic Communications between First Choice Pediatrics and me based on this authorization given to First Choice Pediatrics to communicate with me via Electronic Communications.

Patient Name (Print)

Patient Date of Birth

Name of Person Authorizing (Print)

Signature of Person Authorizing