

Westside Endodontics HIPAA Electronic Communication & Client Consent

General Information

- HIPAA stands for the 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 protected health information (PHI)
- HIPAA information is available on the U.S. Department of Health and Human Services website at hhs.gov/hippa/for-professionals/faq/570/does-hippa-permit-health-care-providers-to-use-email-to-discuss-health-issues-with=patients/index.html
- Most popular email services (e.g., Hotmail, Gmail, Yahoo, etc.) do not utilize encrypted email.
- Text messages sent via standard SMS/apple iMessage are not encrypted or secured
- Facebook messenger does not utilize encrypted messaging
- Skype and Facetime are not secured lines of communication

When Westside Endodontics sends you an email, or you send an email to us, 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 a Westside Endodontics email is received by you, someone may be able to access your email account and read it.

This also applies to text messages, Facebook messages, and other forms of social media messaging.

Given the above, please note that: Email and texting are popular and convenient ways to communicate. In their latest modification to the HIPAA act, the federal government provided guidance on electronic communication and HIPAA. Current Federal guidelines state that if a patient has been made aware of the risks of unencrypted communication, and that same patient provides consent to receive health information via electronic communication, then a health entity may send that patient personal medical information via unencrypted electronic means.

Please review the following and sign the options you prefer.

ALLOW UNENCRYPTED EMAIL – I understand the risks of unencrypted email and do hereby give permission to Westside Endodontics to send me personal health information via unencrypted email.

ALLOW UNENCRYPTED TEXT MESSAGING – I understand the risks of unencrypted text and do hereby give permission to Westside Endodontics to send me personal health information via unencrypted text message.

PRINT PHONE NUMBER AUTHORIZED TO RECEIVE TEXTS: _____

PRINT EMAIL ADDRESS AUTHORIZED TO RECEIVE EMAILS: _____

I understand that with regard to HIPAA compliance, the most secure way to obtain Westside Endodontics instructions is in person.

I understand that I may revoke any permission given above at any time to receive electronic communication, and I will notify Westside Endodontics in writing if I choose to revoke said permissions.

Signature _____

Printed Name _____

Date _____