

## **Consent to Unencrypted E-mail and Text Communications**

*(This consent is not for the release of medical records. Please see VD001)*

I consent to communicate with Northwell Health through unencrypted e-mail and/or text messaging. If I am signing this document for another person, I agree that I am consenting for this patient and I will provide the relationship (legal representative) where indicated below. By signing this document, I agree that:

1. Most personal e-mail and text message services do not encrypt or otherwise protect electronic communications. Therefore, there is a risk that e-mails I send from my e-mail account and texts I send from my phone/computer to my provider may be accessed by others not affiliated with my provider while in transit or upon receipt. As a result, I understand that if I communicate with my provider using my personal e-mail or text account, it may not be secure and there is a risk that my health information may be obtained by others not affiliated with my provider. Despite this risk, I authorize my provider to send my protected health information via e-mail and text messages in designated circumstances. I further acknowledge that e-mails and text messages may be subject to technical malfunctions. Therefore, I understand that e-mail and text message delivery is not guaranteed and potentially subject to unauthorized disclosure to third parties.
2. Text messaging will be used only for the purpose of providing me with portal invitations, identity authentication and appointment related information, including limited information about visit preparation and the services that I receive. Text messaging may not be used to communicate with my healthcare provider for other purposes including other information related to my care.
3. Email and text message communications should not be used for emergencies or for communicating time-sensitive/urgent information. E-mail communication may be only processed during routine business hours. In the event of a medical emergency, I should call 911 or go to the nearest Emergency Department.
4. Any electronic communication between my provider and me regarding my care may become part of my medical record.
5. I accept that my healthcare provider or I can terminate electronic communications at any time.
6. I am responsible for notifying the healthcare provider if I choose to discontinue electronic communications or if my contact information has changed. The contact information used for the purposes stated in this form will be the most current information on file with Northwell Health.

## Consent to Unencrypted E-mail and Text Communications

Northwell Health strongly discourages communication sent without encryption. In addition to the risks identified above, sending e-mail and limited text communications, as described above, unencrypted means others may be able to access the information and read it once it is transmitted over the Internet. By signing below and authorizing unencrypted electronic communications, I acknowledge the risks to which my information may be exposed.

\_\_\_\_\_  
Patient/Agent/Relative/Guardian\* (Signature)    Date    Time    Print Name    Relationship if other than patient

\_\_\_\_\_  
Telephonic Interpreter's ID #    Date    Time  
**OR**

\_\_\_\_\_  
Signature: Interpreter    Date    Time    Print: Interpreter's Name and Relationship to Patient

\_\_\_\_\_  
Witness to signature (Signature)    Date    Time    Print Witness Name

\* The signature of the patient must be obtained unless the patient is an unemancipated minor under the age of 18 or is otherwise incapable of signing.