



Consent to communicate PHI by email

I expressly permit Waukee Dental to communicate my Protected Health Information (PHI) via email to the email address indicated on my patient registration form, patient record or this form. This permit also applies to any email that Waukee Dental may send to my referring dental/medical provider, if appropriate.

Email risks and your responsibilities

If you agree to permit us to use e-mail to communicate with you, you should be aware of the following risks and/or your responsibilities:

- As the Internet is not secure or private, unauthorized people may be able to intercept, read and possibly modify email you send or are sent by Waukee Dental.
- You must protect your email account, password and computer against access by unauthorized people.
- Since e-mails can be copied, printed and forwarded by people to whom you send emails, you should be careful regarding whom you send emails.

Conditions for the use of email

By consenting to the use of email with Waukee Dental, you agree that:

- We may forward emails as appropriate for diagnosis, treatment, reimbursement, and other related reasons. Waukee Dental employees, dental staff and agents, other than the recipient, may have access to emails that you send. Such access will only be to persons who have a right to access your email to provide services to you.
- Waukee Dental will not forward emails to independent third parties without your prior written consent, except as authorized or required by law.
- You should not use email to communicate with Waukee Dental if there is an emergency or where you require an answer in a short period of time.
- If your email requires or asks for a response, and you have not received a response within a reasonable time period, it is your responsibility to follow up directly with Waukee Dental.
- You should carefully consider the use of email for the communication of sensitive medical information, such as, but not limited to: information regarding sexually transmitted diseases, AIDS/HIV, mental health, developmental disability, or substance abuse.
- Waukee Dental reserves the right to save your email and include your email or information contained within your email in your dental record.

Instructions

- You should immediately inform us if you change your email address.
- You should put the patient name and date of birth (used to verify your identity) in the body of the e-mail.
- If you wish to withdraw your consent to communicate by email, you must send an email to Waukee Dental stating such.





Acknowledgement and agreement

Waukee Dental will use reasonable means to protect the privacy of the patient’s health information. However, because of the risks outlined above, Waukee Dental cannot guarantee that email will be confidential. Additionally, Waukee Dental will not be liable in the event that you or anyone else inappropriately uses or accesses your email. Waukee Dental will not be liable for improper disclosure of your health information that is not caused by the Waukee Dental’s intentional misconduct. By signing below, I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communications of email between Waukee Dental and me, and consent to the conditions outlined herein, as well as any other instructions that Waukee Dental may impose to communicate with me by email. Any questions I may have had were answered. I understand that this consent is valid until such time as I revoke the consent as outlined above, except to the extent that a person who is to make a communication has already acted in reliance upon this authorization.

Signature: _____ Date: _____

Name Printed: _____ Patient Date of Birth: _____

Email address: _____

Relationship to patient: _____

