



## **Agreement Form for E-mail Communications Between PWC and Patient**

Secure electronic messaging is always preferred to insecure e-mail for more sensitive patient health information (PHI), under specific circumstances, insecure e-mail communications containing PHI may take place between a PWC staff member and a patient. This e-mail communication may be used if both parties agree on this communication method and this form is completed and signed by both a PWC staff member and the patient or the patient's personal representative (if appropriate).

A copy of this form and all e-mail communications will be filed in the patient's Medical Record and a hard copy of this form will be provided to the patient upon request. This agreement is limited to communications using the e-mail addresses listed below.

### Provider Awareness:

Standard e-mail is not a secure means of communications, so as the provider, we will use the minimum necessary amount of protected health information when responding to your questions or communicating information to you. In no event will our communications include highly sensitive PHI such as information relating to HIV/AIDS, mental health or substance abuse.

### Patient Awareness:

Please note that most standard e-mail does not provide a secure means of communication. There is some risk that any protected health information contained in e-mail may be disclosed to, or intercepted by, unauthorized third parties. Use of more secure communications, such as phone or fax is always an alternative that is available to you upon request.

By completing this form, PWC staff and I understand and are willing to accept the risks involved with insecure e-mail communication. Either party has the right to opt out of this agreement at any time. If I choose to no longer communicate via e-mail, notification will be given in writing and sent through U.S. mail where it will be placed in the patient's permanent medical record.

### Surveillance:

I understand that Purity Wellness Center is under constant surveillance for the safety of patients, staff and property. Purity Wellness Center will not share or disclose any surveillance video and will adhere to patient privacy policies.

Date: \_\_\_\_\_

Patient's  
Name \_\_\_\_\_

\_\_\_\_\_

Patient's E-mail

Address: \_\_\_\_\_

\_\_\_\_\_

Patient

Signature: \_\_\_\_\_

\_\_\_\_\_