



**AUTHORIZATION TO UTILIZE UNENCRYPTED EMAIL TO
COMMUNICATE PROTECTED HEALTH INFORMATION**

Electronic mail (e-mail) is a form of communication that may be utilized between you and the providers of RestorMedicine. We want to make sure you know that unencrypted email communications are not secure communications. RestorMedicine does not have the ability to encrypt email communication of protected health information. Encryption is the process of making information unreadable unless you have the password or key to decrypt the information.

If you elect to communicate from your workplace computer, you should be aware that your employer and its agents might have access to email communications between us. Email communications may become a part of your patient medical record and be accessible to our clinical support staff as needed for our operations.

Incoming email communications will be reviewed and answered as soon as possible, If you have not heard from your provider's office with a response and are concerned that your message was not received, please call the office during regular business hours. EMAIL COMMUNICATION SHOULD NEVER BE USED IN THE CASE OF AN EMERGENCY OR FOR URGENT REQUESTS FOR INFORMATION.

RestorMedicine may use e-mail messaging to remind you of upcoming appointments and/or care coordination activities if you have elected to receive reminders in this manner. We will limit information sent via e-mail message to the minimum necessary. RestorMedicine does not encourage e-mail messaging for other purposes.

This authorization may be revoked at any time and must be done in writing. It is understood that the revocation will not apply to information that has already been released based on this authorization.

Authorization is valid while in treatment relationship with any of the RestorMedicine providers or in the

event of: _____

If you agree to the foregoing terms, please indicate your acceptance by your signature that you accept the terms and conditions outlined herein.

ACCEPTED: Signature of Individual _____ Date _____

Printed Patient Name _____ DOB _____

Authorized E-mail of Individual _____