



9 East High St. (Rear) . Carlisle, PA 17013 . (717) 440-0498 . FAX (717) 918-5784

Name \_\_\_\_\_ DOB \_\_\_\_\_

### CONSENT TO USE NON-SECURE TEXTING AND/OR EMAIL FOR COMMUNICATION

The Standards for Privacy of Individually Identifiable Health Information ("Privacy Rule") establishes, for the first time, a set of national standards for the protection of certain health information. The U.S. Department of Health and Human Services ("HHS") issued the Privacy Rule to implement the requirement of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").<sup>1</sup> The Privacy Rule standards address the use and disclosure of individuals' health information—called "protected health information" (PHI) by organizations subject to the Privacy Rule — called "covered entities," as well as standards for individuals' privacy rights to understand and control how their health information is used. BrightStar Health and Wellness Services, and Peaceful Balance Health and Wellness Services "The Practice" are covered entities under the act. A major goal of the Privacy Rule is to assure that individuals' health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care and to protect the public's health and well-being. The Rule strikes a balance that permits important uses of information, while protecting the privacy of people who seek care and healing.

Standard text messaging and e-mail is not considered HIPAA compliant and may be subject to unintended loss of PHI through hacking or other failure. Whereas, "The Practice" is subject to the provisions of HIPAA and is responsible for protecting the PHI contained in my records and in all communications with me about my health, for ease of communication,

I give consent for "The Practice" to communicate with me via (check all that apply)

Standard Text Messaging please provide phone number for texts \_\_\_\_\_

Standard E-mail please provide email address \_\_\_\_\_

I understand that by signing this document I am releasing "The Practice" from liability regarding the loss of my PHI through communication via text or email to the number or email address listed above.

I understand that I can access my PHI and communicate with my providers at "The Practice" through a secure portal provided by ASP.MD the electronic health record used by "The Practice."

"The Practice" will take every precaution to assure that communication sent to the above designated number or email is directed appropriately but under no circumstances takes responsibility for any unintentional errors of loss of PHI that might occur during communication.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Representative of "The Practice" \_\_\_\_\_

I understand that I can revoke this consent in writing, except to the extent that "The Practice" has already taken action in reliance on it. \_\_\_\_\_ Initials