



ROBERT A. HOROWITZ, DDS

Periodontics | Laser Therapy | Dental Implants

HIPAA - EMAIL RISKS & INFORMED CONSENT

VERY IMPORTANT — PLEASE READ

- HIPAA stands for the *Health Insurance Portability and Accountability Act*
- HIPAA was passed by the U.S. government in 1996 in order to establish privacy and security protections for health information
- Information stored on our computers is encrypted
- Most popular email services (ex. Hotmail® and Yahoo®) do not utilize encrypted email. While Gmail does use encrypted email, it is only between two Gmail accounts, and our office does not use Gmail.
- **When we send you an email, or you send us an email, the information that is sent is not encrypted. This means a third party may be able to access the information and read it since it is transmitted over the Internet. In addition, once the email is received by you, someone may be able to access your email account and read it.**
- Email is a very popular and convenient way to communicate for a lot of people, so in their latest modification to the HIPAA act, the federal government provided guidance on email and HIPAA
- The information is available in the Federal Register in pdf form (at page 5634) on the U.S. Department of Health and Human Services website - <https://www.govinfo.gov/content/pkg/FR-2013-01-25/pdf/2013-01073.pdf>. It may also be found in the [FAQ](#).
- The guidelines state that if a patient has been made aware of the risks of unencrypted email, and that same patient provides consent to receive health information via email, then a health entity may send that patient personal medical information via unencrypted email

OPTION 1 – ALLOW UNENCRYPTED EMAIL

I understand the risks of unencrypted email and do hereby give permission to Robert A. Horowitz, DDS to send me personal health information via unencrypted email.

Patient's Signature
(or Patient's Guardian)

Date

Printed name

Please print email address

OPTION 2 – DO NOT ALLOW UNENCRYPTED EMAIL

I do not wish to receive personal health information via email

Patient's Signature
(or Patient's Guardian)

Date

Printed name

Please bring completed form to your visit