



FAMILY &  
GENERAL PRACTICE

valley MED

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## **Emailing Protected Health Information (PHI)**

The federal government recognizes email is a popular and convenient way for many people to communicate, therefore in their latest modification to the HIPAA act they have provided guidance on the topic, and will allow for PHI to be emailed through unencrypted email. 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. The information is available in a pdf (page 5634) on the U.S. Department of Health and human Services website: <http://www.gpo.gov/fdsys/pkg/FR-2013-01-25/pdf/2013-01073.pdf>

Valley Med recommends alternative methods for transferring PHI, such as using the secure patient portal to review your medical summary, or receiving records via mail or fax. When we send you 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. It is a possible the email can be addressed to the wrong person, or accessed improperly while in storage or transmission. In addition, once the email is received by you, someone may be able to access your email account and read it.

If you have considered other methods and want to proceed with transferring PHI through email we do require a signature on this informational consent form, and for you to complete an email verification process before the PHI is transmitted. Once records are ready for transmission, a test email will be sent asking you to call the office to confirm receipt. Please allow up to 30 days for preparation of the records. The email will be sent from [donotreply@valleymedpc.com](mailto:donotreply@valleymedpc.com). A disclaimer regarding patient privacy will be included with all email communication.

### **ALLOW UNENCRYPTED EMAIL**

I have reviewed and understand this Authorization. I do hereby give permission to Valley Med to send me personal information via unencrypted email. I also understand the information emailed pursuant to this Authorization may no longer be protected under federal law if lost, compromised, or hacked in transit. Unless revoked earlier, this Authorization shall remain in effect until my death.

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Printed Name

Date

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Print email address

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Signature (Parent or Legal Guardian if patient is a minor)