

E-MAIL RELEASE FORM

Date: _____

I, _____ Patient/Parent/Guardian

want to communicate via e-mail with Minnesota Orthodontics and Dr D Orthodontics on matters related to my financial and/or insurance information and my dental treatment. I understand that any Confidential Health Information that I send to the practice is not secure and is sent at my own risk. I will not hold the practice, nor any of its workforce members, liable for loss of any confidentiality associated with information transmitted via e-mail.

I also understand that it is not the policy of the practice to encrypt any Confidential Health Information I request to be sent to me via e-mail. Because this information is not encrypted I understand that it is not secure. I acknowledge this risk and will not hold the practice or any of its workforce members liable for any loss of confidentiality associated with such transmissions.

e-mail address: _____

Name: _____

(Print Patient's Name or Name of Patient's Representative)

Signature: _____

(Signature of Patient or Patient's Representative)

Witnessed by: _____

(Signature of Witness)

DECLINE e-mail communication: _____

(Signature of Patient or Patients Representative)

By declining any e-mail communication, you will not receive appointment reminders via e-mail, there will be no communication with your general dentist via e-mail (which most prefer) and you will not be able to send requests to our office via e-mail thru our secure website.

HIPAA E-Mail Release Form

Before sending any non-encrypted e-mail communications (including attachments) containing Protected Health Information to any recipient, ensure that this Form has been signed and is on file. Provide a copy to the Patient.

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