

Capital Chiropractic & Rehabilitation Center Consent to Communicate PHI by Email/SMS

I expressly permit Capital Chiropractic & Rehabilitation Center, PLLC to communicate my Protected Health Information (PHI) via email to the email address indicated on my patient registration form or this form. This permit also applies to any email correspondence that Capital Chiropractic & Rehabilitation Center, PLLC may send to my primary care physician or referring clinician, if appropriate.

EMAIL RISKS AND YOUR RESPONSIBILITY

If you agree to permit Capital Chiropractic & Rehabilitation Center, PLLC to use email to communicate with you, be aware of the following risks and/or your responsibilities:

- As **the internet is not secure** or private, unauthorized people may be able to intercept, read, and possibly modify email you send to or receive from Capital Chiropractic.
- It is solely your responsibility to protect your own email account, password, and computer against access by unauthorized people.
- Since emails can easily be copied, printed, and forwarded, you should be careful regarding to whom you send emails.

CONDITIONS FOR THE USE OF EMAIL

By consenting to the use of email with Capital Chiropractic & Rehabilitation Center, PLLC, you agree that:

- Capital Chiropractic may forward emails, as appropriate, for diagnosis, treatment, reimbursement, and other related reasons. Capital Chiropractic employees and agents, other than the recipient, may have access to emails that you send. Such access will only be to persons who have a right to access your email to provide services to you.
- Capital Chiropractic will not forward emails to independent third parties, except as authorized or required by law.
- You should not use email to communicate with Capital Chiropractic if there is an emergency or when you require an answer in a short period of time.
- If your email requires or asks for a response and you have not received a response within a reasonable time period, it is your responsibility to follow up directly via voice telephone call or in person.
- You should carefully consider the use of email for the communication of sensitive medical information, such as, but not limited to, information regarding sexually transmitted diseases, AIDS/HIV, mental health, developmental disability, or substance abuse.
- Capital Chiropractic & Rehabilitation Center, PLLC reserves the right to save your email and include your email or information contained within your email in your medical record.

INSTRUCTIONS

- You should immediately inform Capital Chiropractic if you change your email address.
- You should put the patient name and date of birth (used to verify your identity) in the body of the email NOT the subject line.
- If you wish to withdraw this consent to communicate by e-mail, you must send an email to Capital Chiropractic stating such.

Text/SMS Appointment Reminders and Communications

- I understand that if I opt for appointment reminders via text that I will receive text reminders. If I reply to that text message in order to change/reschedule my appointment, I understand that this messaging also utilizes email as a platform to relay communications.

Social Media Communications

- I understand that it is my choice to communicate with Capital Chiropractic & Rehabilitation Center via social media platforms and that if I choose to communicate via social media, I have then consented to utilizing this platform for future communications.

ACKNOWLEDGMENT AND AGREEMENT

Capital Chiropractic & Rehabilitation Center, PLLC will use reasonable means to protect the privacy of the patient's health information. However, because of the risks outlined above, Capital Chiropractic & Rehabilitation Center, PLLC **cannot guarantee that email will be confidential**. Additionally, Capital Chiropractic & Rehabilitation Center, PLLC will not be liable in the event that you or anyone else inappropriately uses or accesses your email. Capital Chiropractic & Rehabilitation Center, PLLC will not be liable for improper disclosure of your health information that is not caused by intentional misconduct by agents of Capital Chiropractic & Rehabilitation Center.

By signing below, I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communications of email and consent to the conditions outlined herein, as well as any other instructions that the Capital Chiropractic & Rehabilitation Center, PLLC may impose to communicate with me by e-mail. Any questions I may have had were answered. I understand that this consent is valid until such time as I revoke the consent as outlined above, except to the extent that a person who is to make a communication has already acted in reliance upon this authorization.

Signature: _____ Date: _____

Printed Name: _____

(Please note that you cannot receive appointment reminders if you do not sign this form.)