



**HIPAA E-mail Authorization**  
**VERY IMPORTANT! PLEASE READ!**

1. HIPAA stands for the *Health Insurance Portability and Accountability Act*, which was passed by Congress in 1996 to establish privacy and security protections for health information.
2. Information stored on our computers is commonly encrypted to prevent unauthorized viewing or disclosure.
3. Most popular email services (ex. Hotmail®, Gmail®, Yahoo®) do not encrypt email.
4. **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 because it is transmitted over the Internet. Once the email is received by you, someone may be able to access your email account and read it or delete it.**
6. Email is a popular and convenient way to communicate for many people, so the U.S. Department of Health and Human Services provided some guidance on email and HIPAA, and issued regulations related to HIPAA and electronic disclosures.
7. The information is available on the U.S. Department of Health and Human Services website <http://www.hhs.gov/hipaa/for-professionals/privacy/guidance/access/index.html>
8. The guidelines and regulations 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 \_\_\_\_\_ to send me personal health information and other communications via unencrypted email.

**Signature:** \_\_\_\_\_ **Signature Date**  
**(parent or guardian if patient is a minor)**

**Printed name:** \_\_\_\_\_

**Please print email address:** \_\_\_\_\_

**OPTION 2 – DO NOT ALLOW UNENCRYPTED EMAIL**

I do not wish to receive personal health information via email.

**Signature:** \_\_\_\_\_ **Signature Date**  
**(parent or guardian if patient is a minor)**

**Printed name:** \_\_\_\_\_

