



**AUTHORIZATION TO UTILIZE UNENCRYPTED EMAIL TO COMMUNICATE
PROTECTED HEALTH INFORMATION**

Electronic mail, or email, is a form of communication that may be utilized between you and the providers. We want to make sure you know that email communications between us are not encrypted and therefore are not secure communications. If you elect to communicate from your workplace computer, you also should be aware that your employer and its agents may have access to email communications between us. Finally, email communications may become a part of your patient medical record and be accessible to my clinical support staff as needed for our operations.

Incoming email communications will be reviewed and answered as soon as possible. If you have not heard from your provider's office with a response and are concerned that your message was not received, please call the office during regular business hours. **EMAIL COMMUNICATION SHOULD NEVER BE USED IN THE CASE OF AN EMERGENCY OR FOR URGENT REQUESTS FOR INFORMATION.**

This authorization may be revoked at any time and must be done in writing. It is understood that the revocation will not apply to information that has already been released based on this authorization.

Authorization is valid while in treatment relationship with any of the Washington University providers or in the event of:_____.

If you agree to the foregoing terms, please indicate your acceptance by your signature that you accept the terms and conditions outlined herein.

ACCEPTED: Signature of Individual _____ Date _____

Printed Patient Name _____ DOB ____/____/____

Authorized E-mail of Individual _____

Department of origination of authorization _____