

## Georgetown Internists and Pediatricians dba **Pawleys Pediatrics and Adult Medicine - PPAM**

## **Unencrypted E-mail Waiver**

The Health Insurance and Portability and Accountability Act of 1996 (HIPAA) sets standards that protect the rights of patients. Our practice follows the laws that grant every individual the right to the privacy and confidentiality of their health information. To comply with HIPAA regulations, e-mails that contain protected health information should be sent by encrypted (secure) e-mail.

You may request your Medical Records be emailed without encryption if you feel that the benefit to you outweighs the risk. You should assume that sending your records by unencrypted email means anyone on the Internet can open and read your sensitive health information records. Medical records contain your Social Security number, date of birth, address and other data that can be used to impersonate you.

I authorize Pawleys Pediatrics to send my medical information and/or my child's medical information via e-mails in an unencrypted (unsecure) format. I understand that e-mails may contain protected health information. I understand that unencrypted e-mail and e-mail attachments are not secure and may be viewed by others. I agree to hold harmless Pawleys Pediatrics and Adult Medicine, its officers and employees from any and all liability, loss, damages, costs or expenses which are sustained, incurred, or required arising from the transmission of unencrypted e-mail correspondence and attachments.

Email Address	
Printed Name	Signature
Signature of Parent or Legal Guardian of Pa	tient if over the age of 18 years
Printed Name	Relationship
Date	

K:\Medical Records\Forms

Published 8-26-2016/Revised 4-27-2017