Request for Confidential Communication Using Email Communications

KEOWEE FAMILY DENTISTRY

15680 Wells Hwy, Seneca, SC 29678

Patient's Name _____ Date _____

Patient's date of birth _____

With this document, I am requesting an alternate method or means to be used to communicate with me or my representative with health or financial information. I understand that this request must be reasonable and this practice is not required to agree to my request.

- ☐ Email as the alternative choice for health care communications
- ☐ Email as the alternative choice for financial communications or payment communications
- ☐ Email as the alternative choice for all forms of communication

For those requesting Email Communications under your Right of Confidential Communication, please read the following statement and acknowledge that you have read and understand the warning. If you have any questions, please contact our Privacy Officer Ginny Anderson at 864-885-9585 for further explanation.

The information in these communications will be privileged and confidential. Please be aware that email communications can be intercepted during transmission or misdirected. These communications will not be encrypted. Your use of email to communicate Protected Health Information or other information of a confidential nature to us indicates that you acknowledge and accept the possible risks associated with such communication.

To begin email communications we will send an acknowledgment email to the clear, specific conspicuous address you are providing to us on this form. By returning an email to us you are confirming your request, the email address and acknowledging our warning again. If you wish to stop email communications or you wish to change the clear, specific conspicuous address you provided to us it is your responsibility to notify this practice immediately. For changes your address or to stop email communications, please contact: Ginny Anderson at 864-885-9585.

The email you should send to start our email communications should state: "I _____ , as a patient of **Keowee Family Dentistry**, am sending this email to confirm that this is the clear, specific and conspicuous address that I wish you to use to communicate with me. I am acknowledging that I have received and understand the warnings about the risks of this type of communication"

Please list how or where you wish to be contacted with our decision_____

_____

Signature of Patient/Guardian or Personal Representative (as defined by HIPAA)

Description of Personal Representative's Authority (attach necessary documentation)

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Office Use Only:

Receiving Employee_____ Date received_____

****All employees will forward requests immediately to the Privacy Officer**