

**AGREEMENT TO THE USE OF A NONSECURE COMMUNICATION MEDIUM**

I, (name of patient), as a matter of convenience, wish to use email and/or texting as a method of communication with (name of provider/practice). In that regard, I am aware of the following:

1. The email and/or text messages will not be encrypted (secured), and therefore do not meet the standards of HIPAA regarding patient privacy. Nevertheless, I wish to utilize email and/or texting to communicate with (provider/practice).
2. With email and texting, there is an increased risk of protected health information (PHI) being directed to, or intercepted by, someone other than the intended party. I understand and accept that risk.
3. Email and texting is a nonsynchronous method of communication, meaning the message I send may not be read for hours or even days after it is sent. I will not use email or texting to communicate information which is urgent or emergent.
4. I understand that the content of the email or text may be stored in my patient record, and may thereafter be read by anyone who has access to my record.
5. I understand that either party to this agreement may terminate it at any time by providing written notice to the other party.

I understand and acknowledge the above information, and wish to commence email and/or text communication with (name of provider/practice).

S/\_\_\_\_\_

Date\_\_\_\_\_

Patient/Parent/Legal Guardian