

APPENDIX N
AUTHORIZATION AND CONSENT TO TRANSMIT PROTECTED
HEALTH INFORMATION AND ELECTRONIC PROTECTED
HEALTH INFORMATION VIA UNSECURED TEXT MESSAGE

Patient's Name: _____ **Date of Birth:** _____

I, _____, expressly request, authorize, direct, permit and unequivocally consent to _____ transmitting my Protected Health Information ("PHI") and Electronic Protected Health Information ("ePHI") to me via unsecured text message. I expressly and unequivocally acknowledge that _____ does not have the capability to send text messages in an encrypted or secured format. I expressly and unequivocally waive any claims or rights with respect to transmission of ePHI or PHI via unsecured text messages. I fully understand that third parties may attempt to or actually access, use and disclose PHI or ePHI transmitted by _____ to my cellular phone via text message. I fully understand the risks of transmitting unencrypted text messages containing ePHI, I am willing to accept those risks. I knowingly, intentionally and voluntarily waive all rights, claims and damages relating to the negligence, breach of confidentiality or other tort and all other legal claims that could be asserted against _____ or any of its employees, agents, members or otherwise as a result of any third person improperly accessing, using or disclosing my PHI or ePHI as a result of transmission via unsecured text messaging. I intend to be legally bound hereby.

Cell Phone Number: _____

Signature of Patient, Patient

Date

Relationship to Patient

Representative or Legal Guardian

APPENDIX O
AUTHORIZATION AND CONSENT TO TRANSMIT PROTECTED
HEALTH INFORMATION AND ELECTRONIC PROTECTED
HEALTH INFORMATION VIA UNSECURED INTERNET

Patient's Name: _____ **Date of Birth:** _____

I, _____, expressly request, authorize, direct, permit and unequivocally consent to _____ transmitting my Protected Health Information ("PHI") and Electronic Protected Health Information ("ePHI") to me via the unsecured Internet. I expressly and unequivocally acknowledge that _____ does not have the capability to respond to my electronic mail transmissions through encrypted or otherwise secured Internet connections. I expressly and unequivocally waive any claims or rights with respect to transmission of ePHI or PHI via the unsecured Internet. I fully understand that third parties may attempt to or actually access, use and disclose PHI or ePHI transmitted by _____ pursuant to my electronic mail inquiry. I fully understand the risks of transmitting unencrypted electronic mail containing ePHI, I am willing to accept those risks. I knowingly, intentionally and voluntarily waive all rights, claims and damages relating to the negligence, breach of confidentiality or other tort and all other legal claims that could be asserted against _____ or any of its employees, agents, members or otherwise as a result of any third person improperly accessing, using or disclosing my PHI or ePHI as a result of transmission via the unsecured Internet. I intend to be legally bound hereby.

e-Mail Address: _____

_____	_____	_____
Signature of Patient, Patient Representative or Legal Guardian	Date	Relationship to Patient

