



PATIENT REQUEST FOR EMAIL COMMUNICATION

Patient Name: _____ Date of Birth: _____

Phone: _____ Email address: _____

Communications over the Internet and/or using the email system may not be encrypted and may not be secure There is no assurance of confidentiality when communicating via email. To request that Dr Lisa Chavez and any authorized associates of Good Natured Medicine communicate with you via email about you or your child's personal health information you must complete this form and return it to our office.

Please be advised that:

- Provide your email address that you'd like us to have on file, if we don't already.
- Note that we will not communicate health information that is specially protected under state and federal law (e.g. HIV/AIDS, substance abuse, mental health information) via email.
- This request applies only to Dr Lisa and any authorized parties acting on behalf of Good Natured Medicine.
- It is recommended that you send a test email before corresponding via email.

I understand and agree to the following:

- I certify the email address provided on this request is accurate, and that I accept full responsibility for messages sent to or from this address; I OPT IN for direct emails.
- I have received a copy of the PATIENT PRIVACY NOTICE form and I have read and understand it, and have received clarification on any items that were unclear.
- I understand and acknowledge that communications over the internet and/or using the email system may not be encrypted and may not be secure; that there is no assurance of confidentiality of information when communicated via email.
- I understand that email communications may be forwarded to other providers for purposes of providing treatment to me.
- I agree to hold Dr Lisa Chavez and any authorized individuals associated with Good Natured Medicine harmless from any and all claims and liabilities arising from or related to this request to communicate via email with the above stated acknowledgement of the risks inherent in electronic communications.
- I also recognize that I have the option to communicate via a secure portal that Dr Chavez has made me aware of and that by signing this I do not waive my rights to contact and communicate via a secure portal as I choose to or as Dr Chavez deems is necessary for specific information. By using the secure portal I do not waive this agreement nor limit my email communications only to the secure portal, and I may let Dr Chavez know that I have sent her an email via the secure portal by regular email.

Patient Signature: _____ **Date:** _____

