



I am instituting an email consent policy to comply with HIPAA (health information and privacy laws). Please read this notice and informed consent, and sign at the end of the form if you consent.

**Email Notice**

The information contained in this email may be privileged and confidential and/or contains protected health information ("PHI") that is protected from disclosure by various federal and state laws, including the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA"). The information in this message is intended for the sole use of the individual or entity to whom it is addressed. If you are not the intended recipient, you are notified that any use, dissemination, distribution, forwarding, printing or copying of this transmission without the sender's express written consent is strictly prohibited and may subject you to criminal or civil penalties. If you have received this transmission in error, please contact the sender immediately by replying to this email and deleting this email and any attachments from any computer.

Please be aware that email communication can be intercepted in transmission or misdirected. Your use of email to communicate protected health information to me indicates that you acknowledge and accept the possible risks associated with such communication. Please consider communicating any sensitive information by telephone, fax or mail. If you do not wish to have your information sent by email, please contact the sender immediately.

Email may not be checked regularly, so please do not email urgent clinical situations. Scheduling and quick questions are appropriate for email use. If you are experiencing a clinical emergency, call 911 or go to your nearest hospital's emergency room.

**Informed Patient Consent for Electronic Messaging**

A provider may obtain informed consent from a patient via electronic messaging (e.g. email) by conducting the following consent exchange upon presentation of a patient query via electronic messaging (this example is for an email exchange):

I will be happy to respond to your query but to do so via email you must provide your consent, recognizing that email is not a secure form of communication. There is some risk that any protected health information that may be contained in such email may be disclosed to, or intercepted by, unauthorized third parties. I will use the minimum necessary amount of protected health information to respond to your query.

If you wish to conduct this discussion via email, please indicate your acceptance of this risk by signing this form.

I have read the above and I agree to the policies and terms as presented.

SIGNATURE

DATE

\_\_\_\_\_

\_\_\_\_\_

PRINTED NAME

\_\_\_\_\_

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