



MISSOULA URBAN INDIAN HEALTH CENTER

406.829.9515
830 West Central, Missoula MT 59801
www.muihc.org

HIPAA EMAIL CONSENT

VERY IMPORTANT! PLEASE READ!

- HIPAA stands for the *Health Insurance Portability and Accountability Act*
- HIPAA was passed by the U.S. government in 1996 in order to establish privacy and security protections for health information
- Information stored on our computers is encrypted
- Most popular email services (ex. Hotmail®, Gmail®, Yahoo®) do not utilize encrypted email
- **When we send you an email, or you send us an email, the information that is sent is not encrypted. This means a third party may be able to access the information and read it since it is transmitted over the Internet. In addition, once the email is received by you, someone may be able to access your email account and read it.**
- Email is very popular and convenient way to communicate for a lot of people, so in their latest modification to the HIPAA act, the federal government provided guidance on email and HIPAA.
- Information regarding email consent between providers and patients is available on HHS.gov - <https://www.hhs.gov/hipaa/for-professionals/faq/570/does-hipaa-permit-health-care-providers-to-use-email-to-discuss-health-issues-with-patients/index.html>
- The guidelines state that patients may initiate communications with a provider using e-mail. If this situation occurs, the health care provider can assume (unless the patient has explicitly stated otherwise) that e-mail communications are acceptable to the individual. If the provider feels the patient may not be aware of the possible risks of using unencrypted e-mail, or has concerns about potential liability, the provider can alert the patient of those risks, and let the patient decide whether to continue e-mail communications.

_____ (Initial here) **I allow the Missoula Urban Indian Health Center to send me generic health information and notices regarding classes and other promotional events. I may unsubscribe at any time by written request.**

OPTION 1 – ALLOW UNENCRYPTED EMAIL

I understand the risks of unencrypted email and do hereby give permission to the Missoula Urban Indian Health Center to send me personal health information via unencrypted email

Signature
(parent or guardian if patient is a minor)

Date

Printed Name

Please print email address

OPTION 2 – DO NOT ALLOW UNENCRYPTED EMAIL

I do not wish to receive personal health information via email

Signature
(parent or guardian if patient is a minor)

Date

Printed Name