



LINCOLN PEDIATRIC GROUP

CONSENT TO RECEIVE PROTECTED HEALTH INFORMATION
USING UNENCRYPTED EMAIL

You have requested to receive Protected Health Information from Lincoln Pediatric Group using unencrypted email and acknowledge the following:

1. Most popular email services (ex. Hotmail, Gmail, Yahoo) do NOT utilize encrypted email.
2. Our office does NOT use encrypted email. When we send you an email, or you send us an email, the information that is sent is NOT encrypted and, therefore, may NOT be private or secure. This means a third party may be able to access the information and read it since it is transmitted over the internet.
3. You should NOT use email for communicating or receiving sensitive medical or personal information such as a Social Security Number, information regarding medical conditions, sexually transmitted diseases, AIDS/HIV, mental health, or substance abuse.

I acknowledge that I have read and fully understand this information and acknowledge that there are other means of receiving information from our office which are private and secure. I understand the risks associated with utilizing unencrypted email and consent to this form of communication with Lincoln Pediatric Group. This form is valid until revoked in writing.

Patient's name

Patient's date of birth

Signature/Date

Printed Name

Relationship to child

Note: If the records being released are for a patient who is 19 years of age or over at the time of this request, the patient must sign this form.