



PATIENT AND STAFF E-MAIL AND TEXT MESSAGE COMMUNICATION

Home health agency and its affiliates, agents, independent contractors and any “covered entity” or “business associate” (as those terms are defined in the HIPAA Privacy Rule) with which information may be shared under HIPAA may communicate with you by e-mail, text message, and/or other forms of unencrypted electronic communication (together, “Electronic Messaging”) to the telephone number(s), email address(es) or other locations reflected on your profile or as otherwise provided below. This form provides information about home health agency’s use, risks, and conditions of Electronic Messaging. It also will be used to document your consent for our communication with you by Electronic Messaging.

INFORMED CONSENT

I am engaging in email/text communication with my home health agency realizing that, because there is no way to absolutely secure any electronic exchange of information, the probability of compromise of confidentiality of personal medical information is substantially increased compared to face-to-face information exchange. As such, email/text communication on personal medical matters should be limited as possible and reserved for situations not practically allowing for face-to-face communication, but in which the failure to timely inform the patient or their agent on personal medical issues could significantly compromise the patient’s best interests and outcome. No guarantee is made for the timely receipt of email/text communication, and no guarantee of response is made.

Notwithstanding the above, email/text communication should, as much as possible, avoid discussion of highly sensitive medical matters that could be, in the event of an information leak, deleterious personally or publicly to the patient and/or their agents. Such topics best be avoided are medical disability, sexually transmitted diseases, substance abuse, psychiatric conditions, prognoses (medical outcomes), end-of-life conditions or prognostications, disclosure of demise of an individual, and any other matter that reason could suggest might result in unpredictable emotional distress or reaction in the recipient and possibly lead to behavior harmful to the recipient or others. In a word, remote communicating is a minimally controlled circumstance. Language used should be careful, deliberate, and avoid “emotionally charged” terms.

By signature, I indicate that I have read the above content and policy and I agree to abide by the principles and spirit set forth in this document. I further understand the risks and limitations of transmission of medical information communication electronically, and so release from all and any liability for any unauthorized disclosure or leak of such information inadvertently to parties outside the intended senders and recipients of such communications. In consideration of home health agency’s services and my request to receive Electronic Messaging as described herein, I hereby release home health agency from any and all claims, causes of action, lawsuits, injuries, damages, losses, liabilities or other harms resulting from or relating to the calls or messages, including but not limited to any claims, causes of action, or lawsuits based on any asserted violations of the law (including without limitation the Telephone Consumer Protection Act, the Truth in Caller ID Act, the CAN-SPAM Act, the Fair Debt Collection Practices Act, the Fair Credit Reporting Act, the Health Insurance Portability and Accountability Act, any similar state and local acts or statutes, and any federal or state tort or consumer protection laws).

Taking all of the above into consideration, I wish to engage in email/text communications with this home health agency. I have had an opportunity to ask questions on all the aforementioned and provide my consent freely.

Email address: _____ Phone#: _____

Signature: _____ Date: _____

Name (Print): _____