



## HIPAA Email and Text Message Consent Form

HIPAA stands for the *Health Insurance Portability and Accountability Act*. HIPAA was passed by the U.S. government in 1996 to establish privacy and security protections for health information.

Encryption is a method to protect content from being read by entities other than the intended recipients. Information stored on our computers is encrypted. Most popular email services (e.g., Gmail, Hotmail, Yahoo) do not utilize encrypted email. When we send you an email or text message, or you send us an email or text message, the information that is sent is not encrypted. This means that this information is vulnerable to access by entities other than the intended recipients.

Email and text messaging are very popular and convenient ways to communicate for a lot of people, so in their latest modification to the HIPAA act, the federal government stated the following: *“If individuals are notified of the risks and still prefer unencrypted email, the individual has the right to receive protected health information in that way, and covered entities are not responsible for unauthorized access of protected health information while in transmission to the individual based on the individual’s request. Further, covered entities are not responsible for safeguarding information once delivered to the individual.”* ([www.gpo.gov/fdsys/pkg/FR-2013-01-25/pdf/2013-10173.pdf](http://www.gpo.gov/fdsys/pkg/FR-2013-01-25/pdf/2013-10173.pdf), page 5634).

### OPTION 1 – ALLOW UNENCRYPTED EMAILS AND TEXT MESSAGES

I understand the risks of unencrypted email and text message and/or iMessage and hereby give permission to Thrive Therapy Associates, LLC to send me personal health information via unencrypted email, text message, and/or iMessage.

- Allow unencrypted email, text message, and iMessage
- Allow only unencrypted email
- Allow only unencrypted text message and/or iMessage

\_\_\_\_\_  
Signature  
(parent or guardian if patient is a minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Please print email address

### OPTION 2- DO NOT ALLOW UNENCRYPTED EMAILS AND TEXT MESSAGES

I do not wish to receive personal health information via email, text message, or iMessage.

\_\_\_\_\_  
Signature  
(parent or guardian if patient is a minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Please print email address