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Email consent form

Patient Name: _____

Patient email address: _____

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) recommends that E-mail that contains protected health information be encrypted. E-mails sent from Sunny Isles Physicians are not encrypted, so E-mails may not be secure. Therefore, it is possible that the confidentiality of such communication may be breached by third party.

Conditions for the use of E-mail:

- E-mail is not appropriate for urgent, emergency, complex or sensitive situations.
- If the patients E-mail requires or invites a response from the Practice and Physician and the patient has not received a response within (2) business days, it is the patient's responsibility to follow up to determine whether the intended recipient received the E-mail and when the recipient will respond.
- All emails will usually be printed and filed in patient's medical record.
- Keep in mind Office staff will receive and read your message.
- Practice will not forward patient E-mails outside of the Practice.
- This consent will remain in effect until terminated in writing by either the patient or the Practice.
- In the event that the patient does not comply with the condition herein, Practice will terminate patients privilege to communicate by e-mail with Practice.

I acknowledge that I have read and fully understand this consent form. I for myself, my heirs, executors, administrators and assigns, fully and forever release and discharge Sunny Isles Physicians and its affiliates, shareholders, officers, directors, physicians, agents and employees, from and against any and all losses, claims, and liabilities arising out of or connected with the use of such E-mail.

Patient Name (printed)

Date

Patient Signature

Date