

The Goldenberg GI Center, LLC
13395 Voyager Pkwy Ste 130 PMB 2037
Colorado Springs, CO 80921
Tel (719)377-6609
Fax (888)972-4399
info@goldenberggicenter.com
www.GoldenbergGIcenter.com



HIPAA Email Consent

- 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 a 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
- The information is available in a pdf (page 5634) on the U.S. Department of Health and Human Services website - <http://www.gpo.gov/fdsys/pkg/FR-2013-01-25/pdf/2013-01073.pdf>
- The guidelines state that if a patient has been made aware of the risks of unencrypted email, and that same patient provides consent to receive health information via email, then a health entity may send that patient personal medical information via unencrypted email

OPTION 1 – **ALLOW ONLY ENCRYPTED EMAIL**

I wish to receive ONLY encrypted email. I understand that I must download virtru at <https://www.virtru.com/>, in order to receive and send encrypted emails. I hereby give permission to the Goldenberg GI Center to send me personal health information via encrypted email.

Signature: _____ Date: _____ Printed Name: _____

OPTION 2- **ALLOW** UNENCRYPTED EMAIL

I understand the risks of unencrypted email and do hereby give permission to the Goldenberg GI Center to send me personal health information via unencrypted email.

Signature: _____ Date: _____ Printed Name: _____

OPTION 3 – DO **NOT** ALLOW EMAIL COMMUNICATION

I do not wish to receive personal health information via email. I hereby do NOT give permission to the Goldenberg GI Center to send me personal health information via email.

Signature: _____ Date: _____ Printed Name: _____