



EMAIL WAIVER

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) set standards for the protecting the rights of individuals (Patients). Emmanuela Wolloch MD, PA follows the laws that grant every individual to the privacy and confidentiality of their health information. To comply with HIPAA regulations, Email correspondence that contains protected health information must be sent encrypted. To that end, the Practice uses a state of the art Health Information System that you will be given a password and instructions to enable you to view your health record. If you wish to send or receive unencrypted (unsecure) regular EMAIL sent to you for your convenience, you must sign the following waiver:

I, _____, request that for my convenience, Emmanuela Wolloch MD, PA correspond with me by unencrypted (unsecure) email. I understand that EMAILS sent to me may contain protected health information. I further understand that these emails and attachments are NOT secure and may be viewed by others. I agree to hold harmless E. Wolloch MD, PA, its officers, agents, Employees, and any contracted health providers from any and all liability, loss, damages, costs or expenses which are sustained, incurred or required arising from the transmission of unencrypted emails and attachments.

I direct E Wolloch MD, PA to send all emails to this address:

_____.

This waiver will remain in force until revoked in writing. It may be revoked in writing at any time.

Signed and dated this _____ day of _____, 20_____.

_____ Witness