Communication Waiver

I _____(here after defined as Patient) acknowledge that communications with the physician, physician assistant, nurse practitioner, nurse, office staff and/or medical assistant using email, fax, texting and cell phone are not guaranteed secure or confidential methods of communications. As such, I expressly waive the Provider's obligation to guarantee confidentiality with respect to correspondence using such means of communication. Patient acknowledges that all such communications may become part of medical records. By providing Patient's email address below, I authorize the Practice(Franktown Family Medicine) and its Providers or employees to communicate with the patient by email regarding the Patient's "protected health information" (PHI) (as the term is defined in the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and it's implementing regulations). I further acknowledge:

- Email is not necessarily a secure medium for sending or receiving PHI and there is always a possibility that a third party may gain access;
- Although the Practice and Provider and employees will make all reasonable effort to keep email communications confidential and secure, there is no guarantee of the absolute confidentiality of email communications;
- At the discretion of the Provider, email communications may be made part of the permanent medical record
- I understand and agree that email is not an appropriate means of communication of emergencies or other time sensitive issues or for frequent inquiries.
- If I do not receive a response to an email message within 48 business hours, the Patient agrees to use another means of communication to contact the Provider. Neither the Practice nor the Provider will be liable to patient for any loss, cost, injury, or expense caused by, or resulting from delay in responding to patient because of technical failures.

Signed_____ Date:_____

Contact Information:

Patient Name: _____

Date of Birth: _____

Address: _____

_____

City:_____ Zip Code:_____

Email: _____

Cell Phone:_____ Home Phone:_____

Emergency Contact: _____ Phone:_____