

# Touch of CLASS

## HIPAA Email Consent / Consent of Electronic Communication

To include healthcare related documents and all documents pertaining to services provided by Touch of CLASS

Name: \_\_\_\_\_

I consent to being contacted by phone, voicemail, or text message at the following number(s): (INCLUDE AREA CODE)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

I consent to being contacted by E-Mail at the following email address(es): (PLEASE PRINT CLEARLY)

\_\_\_\_\_, \_\_\_\_\_

### **VERY IMPORTANT! PLEASE READ!**

- HIPAA stands for Health Insurance Portability and Accountability Act and was passed by the U.S. government in 1996 in order to establish privacy and security protections for health information.
- The most popular email services (Gmail, Yahoo, Hotmail, etc.) 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 information contained in email.**
- Email is a very popular and convenient way to communicate for a lot of people, in a modification to the HIPAA act on 01/25/2013, 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 -<https://www.govinfo.gov/content/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.

I understand that standard data fees and text messaging rates may apply based on my plan with my cell phone provider and I may be charged fees. I agree that I am responsible for any charges to my cell phone that may result from my communication with Touch of CLASS employees. I further understand that consent is voluntary for Electronic Communication and I can contact Touch of CLASS to revoke my consent at any time.

\_\_\_\_\_ (Client Initial Only) I consent to electronic communication of my information between Touch of CLASS and myself, case managers, attendants, and vendors who provide services to me through Touch of CLASS.

\_\_\_\_\_  
Individual/LAR

\_\_\_\_\_  
Date

\_\_\_\_\_  
Touch of CLASS Representative

\_\_\_\_\_  
Date

Consent revoked: \_\_\_\_\_ Date: \_\_\_\_\_ TOC Employee initials: \_\_\_\_\_