

NARITA FAMILY DENTAL

**AUTHORIZATION AND CONSENT TO SEND UNENCRYPTED PATIENT
INFORMATION BY EMAIL AND OTHER ELECTRONIC MEANS**

Until I tell you in writing to stop, I authorize Narita Family Dental to transmit patient information relating to my treatment, health or payment by email or other electronic means, without encryption or special security precautions, to me or someone I designate, or to other health care providers, health plans and others involved in my treatment, payment for my treatment or Narita Family Dental's health care operations. The patient information that may be emailed may include my x-rays, health history, diagnosis, treatment and payment records.

I understand that:

- I do not have to sign this form.
- My treatment, payment, enrollment and eligibility for benefits will not be affected by my decision about signing this form.
- If I don't sign this form, Narita Family Dental may use other ways to send my information, such as U.S. Mail or may ask me to send my information to third parties myself.
- There is some risk that emails and other electronic messages may be improperly acquired by hackers or received by unintended recipients. If that happens, the information may be disclosed and no longer protected by privacy law.
- Narita Family Dental does not email such sensitive personal information as Social Security number, credit card number, mental health diagnosis, genetic information, alcohol/substance abuse or positive HIV status unless the patient insists.

I can tell you in writing to stop emailing my patient information at any time, but if I do so, this will not affect emails that Narita Family Dental already sent before receiving my written instructions to stop.

Patient name (please print): _____

Signature: _____ Date: _____