



Electronic Communications Acknowledgement

CORE Injury Management would like to communicate with you in the way that you prefer – text, email, phone message, etc. To preserve your privacy, a combination of options would include, for example, texting of non-confidential information followed by encrypted communication of confidential information. A secure and convenient option is through the use of an authenticated patient portal. An additional option includes use of a telehealth call protected by end-to-end encryption. More information is available from the CORE Injury Management staff on authenticated patient portal and telehealth specifics.

CORE Injury Management is required to inform you that our electronic communication outside of an authenticated patient portal is NOT encrypted, and thus it could be intercepted by a third party. When we communicate with you through electronic formats outside of an authenticated patient portal or an encrypted telehealth call, we will share generic information, such as directions or instructions for your appointment. We will not share your Protected Health Information (PHI). “Protected Health Information” is individually identifiable health information. This information includes demographics (e.g. age, address, email address) and relates to your past, present, or future physical or mental health or condition and related healthcare services.

Other items to consider with the use of email or other electronic formats (e.g. texting):

- May be forwarded, printed, and stored in numerous paper and electronic forms
- May be sent to the wrong address by either party
- Service providers have a right to archive and inspect emails
- Delivery is not guaranteed

As a patient, **you have the following responsibilities:**

- Agree not to use email or text messaging for PHI, medical emergencies or sending time-sensitive information
- Inform CORE Injury Management Registration of any changes to an email address and/or phone number
- If you choose to opt-out of electronic communication outside of an authenticated patient portal or encrypted telehealth, please inform the registration staff.

Your signature notes that you have been informed of the risks associated with electronic formats of communication and agree to your responsibilities as outlined above.

Signature (Patient or Person Authorized to Give Authorization):		Date:
If signed by person other than Patient, Relationship to Patient:	If Patient is unable to sign, give Reason:	Verbal Obtained? Yes No