



Mary Louder, DO/Cairn Medical Group  
2595 Canyon Blvd, STE 220, Boulder, CO 80302  
PH 303-722-9000 Fax 1-844-800-1478

**VERY IMPORTANT! PLEASE READ!**

**HIPAA Email Consent**

HIPAA stands for the *Health Insurance Portability and Accountability Act*  
HIPAA was passed by the U.S. government in 1996 in order to establish privacy and security protections for health information

Information stored on our computers is encrypted  
Most popular email services (ex. Hotmail®, Gmail®, Yahoo®) 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 it.** Email is a very popular and convenient way to communicate for a lot of people, so in their latest modification to the HIPAA act, 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 - <http://www.gpo.gov/fdsys/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

**OPTION 1 – ALLOW UNENCRYPTED EMAIL**

I understand the risks of unencrypted email and do hereby give permission to Cairn Medical Group to send me personal health information via unencrypted email

---

**Signature**                      **Date**                      **Printed name (parent or guardian if patient is a minor)**

---

**Please print email address**

**OPTION 2 – DO NOT ALLOW UNENCRYPTED EMAIL**

I do not wish to receive personal health information via email

---

**Signature**                      **Date**                      **Printed Name (parent or guardian if patient is a minor)**