

# Theodore J Caliendo, MD

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## EMAIL COMMUNICATION CONSENT

The following summarizes the information you need to determine whether you wish to receive the information you requested via email communication/transmitted from my medical office.

### General Considerations

- ~ Email communication will be considered and treated with the same degree of privacy and confidentiality as written medical records.
- ~ Standard email communication services, such as AOL, Yahoo, and Hotmail **are not secure**. This means that the email messages are not encrypted and can be potentially intercepted and read by unauthorized individuals.
- ~ The email(s) we send you follows all HIPPA rules and requirements and transmits from our office in a secure manner. However, those receiving email through unsecured email services such as those listed above, as well as other similar email services, are subject to possible email interception by unauthorized individuals.
- ~ Copies of emails sent and received from and to you could be incorporated into your medical record.
- ~ Email messages should not be used for emergencies or time sensitive situations. In the event of a medical emergency, you should immediately call 911. For emergent of time sensitive situations, you should contact the practice by the phone number listed above.

I have read and understood the above description of the risks and responsibilities associated with electronic communication with my pediatrician.

I acknowledge that commonly used email services are not secure and fall outside the security requirements set forth by the Health Insurance Portability and Accountability Act for the transmission of protected health information (HIPPA).

In consideration of my desire to use electronic communication as an adjunct to in-person office visits with my pediatrician/staff, I hereby consent to use electronic communication as an adjunct to in-person office visits with my pediatrician/staff, and I hereby consent to electronic communication via non-secure email services.

I understand that I may revoke my consent to communicate electronically at any time by notifying Dr. Caliendo in writing at the address above, but if I do, the revocation will not have an effect on actions my provider or team has already taken in reliance on my consent.

I agree and release my provider and practice from any and all liability that may occur due to electronic communication over a non-secure network.

I further agree to be held accountable and to comply with the patient responsibilities as outlined in this consent.

### By initialing the following, I acknowledge I have read and understood this notice and:

\_\_\_\_\_ I authorize email communications between myself and Dr. Caliendo/staff with regards to my child/children.

\_\_\_\_\_ I authorize that my child's/children's immunization record(s) be sent to my (possibly non-secure) email address listed below.

### Child/Children:

1. \_\_\_\_\_ Date of Birth: \_\_\_\_\_
2. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Authorized email address (print very clearly): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_