# HIPAA Electronic Communication and

# NFP Client Consent

**IMPORTANT—PLEASE READ AND SIGN**

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***General Information***

* 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 protected health information (PHI)
* HIPPA information is available on the U.S. Department of Health and Human Services website at [hhs.gov/hipaa/for-professionals/faq/570/does-hipaa-permit-health-care-providers-](http://www.hhs.gov/hipaa/for-professionals/faq/570/does-hipaa-permit-health-care-providers-) to-use-email-to-discuss-health-issues-with-patients/index.html
* Information stored on the NFP teacher’s computer is encrypted; hard copies of information are stored under double lock
* Most popular email services (e.g., Hotmail®, Gmail®, Yahoo®, etc.) do not utilize encrypted email
* Text messages sent via standard SMS/apple iMessage are not encrypted or secured
* Facebook messenger does not utilize encrypted messaging
* Skype and Facetime are not secured lines of communication

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## As your NFP instructor, when I send you an email, or you send an email to me, 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 an NFP information email is received by you, someone may be able to access your email account and read it.

## This also applies to text messages, Facebook messages, and other forms of social media messaging. Given the above, please note that:

* **Email and texting are popular and convenient ways to communicate. In their latest modification to the HIPAA act, the federal government provided guidance on electronic communication and HIPAA. Current Federal guidelines state that if a patient has been made aware of the risks of unencrypted communication, and that same patient provides consent to receive health information via electronic communication, then a health entity may send that patient personal medical information via unencrypted electronic means.**

**Now that you have been informed about the above information, please review the following and sign the options you prefer.**  
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## Email

**OPTION 1—ALLOW UNENCRYPTED EMAIL**

I understand the risks of unencrypted email and do hereby give permission to (*insert name of NFP teacher here*) to send me personal health information via unencrypted email.

## Signature Printed name Date Print email address

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

I do not wish to receive personal health information via email

## Signature

Printed name

## Date

## Print email address

**Text Messaging**

**OPTION 1—ALLOW UNENCRYPTED TEXT MESSAGING**

I understand the risks of unencrypted text and do hereby give permission to (*insert name of NFP teacher here*) to send me personal health information via unencrypted text message.

## Signature Printed name Date Print phone number authorized to receive texts:

**OPTION 2—DO NOT ALLOW UNENCRYPTED TEXT MESSAGING**

I do not wish to receive personal health information via text message

## Signature Printed name Date

**Video Chat**

**OPTION 1—ALLOW UNSECURED VIDEO CHAT VIA SKYPE OR FACETIME**

I understand the risks of unsecured video chat and do hereby give permission to (*insert name of NFP teacher here*) to discuss personal health information with me via unsecured video chat (i.e., Skype or Facetime).

## Signature Printed name Date

**OPTION 2—DO NOT ALLOW UNSECURED VIDEO CHAT**

I do not wish to receive personal health information via unsecured video chat

## Signature Printed name Date

**I understand that with regard to HIPAA compliance, the most secure way to obtain** (*insert name of NFP method here*) **instruction from** (*insert name of NFP teacher here*) **is in person.**

(*NFP client’s signature*)

**I understand that I may revoke any permission given above at any time to receive electronic communication, and I will notify** (*insert name of NFP teacher here*) **in writing if I choose to revoke said permissions.**

(*NFP client’s signature*)