

Email Policy - PHI

Consent for Email Communication

Email and text messaging allows Orlando Diabetes and Endocrine Specialists, P.A. to exchange information efficiently for the benefit of our patients. At the same time, we recognize that email messaging is not a completely secure means of communication because these messages can be addressed to the wrong person or accessed improperly while in storage or during transmission.

If you would like us to send you email that contains your health information, please complete and sign this Consent below.

PLEASE PRINT CLEARLY. IF WE CAN NOT READ THIS WE CAN NOT EMAIL TO YOU.

Name (please print)

Date of Birth

Last 4 of your SSN

Email address WHERE WE may send YOU your health information (please print)

Print and Sign or Add electronic signature

Date

Records Release Authorization

RELEASE TO: _____

Fax # _____

Include fax # if you would like the records faxed

FEEES FOR COPYING RECORDS

There is a fee for all records.

\$1.00 per page up to 25 pages. Over 25 pages,
\$.25 per page.

+ \$6.50 for printing and mailing records

**This records release authorization must be signed
and paid before records can be faxed or emailed.**

I hereby authorize and request release of the following:

- ___ A copy of the most recent visit notes, lab results and scans
- ___ All visit notes, lab results and scans
- ___ All non-medical information, messages, insurance info, etc
- ___ All blood sugar logs
- ___ Highly sensitive material concerning psychiatry evaluations
- ___ All of the above

**5 Working days are required to process records.
Errors or omissions WILL cause delays.**

PLEASE INCLUDE YOUR CC INFO FOR PAYMENT. We will contact you with an exact amount to be charged once your chart is processed.

Patient Name: _____ Last 4 SS#: _____

Address: _____ DOB: _____

Credit card info

_____/_____/_____/_____/_____/_____
CC Number Exp CCV

Signature: _____ Date: _____

Email a scanned copy or a smart phone pic of this signed release to

sugar@bestendo.com