CARDIOSMART PLLC

Road to a healthy heart

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**Location:**

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**Electronic Communication Consent:**

If you choose to request your record wire email, **Cardiosmart PLLC** asks that you acknowledge and consent to the following: emails sent to me from **Cardiosmart PLLC** will not be encrypted during transmission. I understand that most personal email services do not encrypt or otherwise protect e-mails. E-mails that I sent from my email account may not be protected from inappropriate access by others via hacking or other means. As a result, I understand that if I communicated with my provider using my personal e-mail account, it may not be secure and there is a risk that my health information may be obtained by others not affiliated with my provider. Despite this risk, I authorized my provider to transmit my personal health information via e-mail.

I further acknowledge, that e-mails may be inadvertently sent to the wrong address and subject to technical malfunctions. Therefore, I understand that e-mail delivery is not guaranteed and potentially subject to unauthorized disclosure to third parties.

I accept that my healthcare provider or I can terminate my e-mail communication services at any time.

I understand that I am responsible for notifying the health care provider if I choose to discontinue e-mail communications or if my e-mail address has changed.

In addition to the risks identified above, sending e-mail unencrypted means others may be able to access the information and read it once it is transmitted over the Internet. By signing and authorizing unencrypted email. I acknowledge the risk to which my information may be exposed.

_____ _____

**Patient/Agent/Relative/Guardian (Signature) Date/Time** **Print Name** **Relationship if other than patient**

_____

**Telephonic Interpreter's ID # Date/Time**

**OR**

_____ _____

**Signature: Interpreter Date/Time** **Print: Interpreter's name and relationship to patient**

_____ _____

**Witness to signature (Signature) Date/Time** **Print Witness Name**