

Authorization for Communication of Protected Health Information via Electronic Mail

(Optional)

I hereby authorize Utah Hematology Oncology (UHO) to convey to me protected health information (PHI) and other communication via electronic mail (email), subject to the limitations of UHO's billing, electronic health record (EHR/EMR) and other systems. This may include statements, appointment reminders, test results, message responses, etc. I accept any and all responsibility for safeguarding that information once sent to the email address(es) indicated below. I further acknowledge that, in doing so, individuals not included on the list of persons to whom I have authorized UHO to release my PHI may therefore have access to that information. I further acknowledge that release of said information is at the sole discretion of UHO.

Patient/Personal Representative Name (please print)

Patient/Personal Representative Signature

Date

Preferred email address(es)

Please complete this page and return to the receptionist.

Received and entered

Date