

**EMAIL RELEASE FORM**

DATE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

I, \_\_\_\_\_ [Patient Name or Patient Representative] authorize **BRODGON DENTAL, PC/the office of Joseph B. Brogdon, DDS** to communicate with me via email on matters related to my health and/or my medical treatment [including reminders that services such as dental cleanings are due].

I understand that any Confidential Health Information that I send to the practice via email [website/internet or text] is not secure and is sent at my own risk. I will not hold the practice, or any of its workforce members, liable for loss of any confidentiality associated with information transmitted via email [practice website or text].

I also understand that it is not the policy of the practice to encrypt any Confidential Health Information I request to be sent to me via email. Because this information is not encrypted, I understand that it is not secure. I acknowledge this risk and will not hold the practice or any of its workforce members liable for any loss of confidentiality associated with such transmissions.

NAME: \_\_\_\_\_  
(Print Patient's Name or Name of Patient's Representative)

SIGNATURE: \_\_\_\_\_  
(Signature of Patient or Patient's Representative)

WITNESSED BY: \_\_\_\_\_  
(Print Name)

SIGNATURE OF WITNESS: \_\_\_\_\_  
(Signature of Witness)

**HIPAA EMAIL RELEASE FORM**

Before sending any non-encrypted email communications (including attachments) containing Protected Health Information to any recipient, ensure that this Form has been signed and is on file. A copy of this form is available to patient if so desired.