



**PATIENT E-MAIL OR TEXT MESSAGE
AUTHORIZATION FORM**

I, _____, authorize Norton Sound Health Corporation (NSHC) to contact me at the following email address or phone number:

_____.

Risks:

- I understand that if NSHC contacts me by e-mail or text, the most likely risk to my personal health information is that information intended for me could be sent to the wrong person by mistake.
- I also understand that there is a risk that my e-mail account could be hacked, and that e-mail sent to me could be monitored, intercepted, read, and/or altered before it reaches my e-mail in-box.
- I have been informed that internet e-mail is sent via relay servers, and that anyone with access to a relay server has the ability to read an e-mail saved on the relay server. I have also been informed some relay servers store copies of the messages even after they have been sent to the final recipient.

Acknowledgement and Agreement:

1. I have read and understand the risks associated with e-mail communications, and I understand there may be additional risks not described here.
2. I understand that NSHC cannot control who reads my e-mail or text messages, while in route or when delivered to my e-mail account or phone.
3. I hold NSHC harmless from any liability for sending my protected health information by e-mail or text message, or for any unintentional misdirection of e-mail or text messages to someone other than me.

I have read and understand the risks associated with e-mail and text communications. By signing this authorization, I confirm that it accurately reflects my wish to receive health information by e-mail or text message, and I will not hold NSHC liable for any unintentional disclosure of my health information in an e-mail or text message. I understand that I may revoke this authorization in writing at any time.

Name of Patient

Patient Date of Birth

Signature of Patient or Legal Representative

Date

Printed Name of Patient's Legal Representative

Relationship to Patient

If not signed by patient, description of authority: _____