

PATIENT UNENCRYPTED E-MAIL INFORMED CONSENT FORM

I, _____, request Lab Works, LLC to utilize unencrypted (and therefore unsecure) e-mail as a means of fulfilling my request for laboratory records at the following e-mail address:

_____.

By signing this consent form, I attest that I understand the following Privacy Issues regarding e-mailing protected health information that is not encrypted:

Privacy Issues

- I am aware of the possibility that third parties (e.g., other family members, co-workers, etc.) may intercept and view this unsecure communication. I accept responsibility if such interception occurs.
- I understand that it is my responsibility to protect the security of my computer, phone or other program or mobile device.
- I will not hold Lab Works liable if others access my e-mail from my computer, phone or other program or mobile device.
- I understand that any message sent to me (including e-mail, replies and confirmation receipts) may be included as a part of my designated record set maintained by Lab Works.
- If I receive a misdirected email from Lab Works, I will notify Lab Works and delete and/or destroy the email immediately.
- I understand Lab Works will save my e-mail address noted above and will utilize this e-mail address whenever I call Lab Works for a copy of my laboratory results to be emailed to me.
- I understand that even though I have signed this consent form, I must verbally notify Lab Works each time I request laboratory records to be sent to me by unencrypted email.
- I understand that Lab Works will make reasonable efforts to respond to my email within 48 hours.
- I will not use email to contact Lab Works for a copy of my Lab results.
- I understand that Lab Works will not respond to my email unless this consent form is in place. If there is not a signed e-mail request, the individual will be contacted by Lab Works, LLC via telephone.

I have had an opportunity to review and understand the content of this consent form. By signing this form, I am confirming that it accurately reflects my wishes. I may revoke this request at any time by providing my written revocation to Lab Works, LLC.

Printed Name of Patient/Previous Names

Birth Date

Signature of Patient or Legal Representative

Date

Printed Name of Patient's Legal Representative

Relationship to the Patient

Lab Use Only

An email verification test was performed using the email address indicated above on (date) _____ by (Lab Works staff member's name) _____ and the test was successful (attach a copy of the replied email from the individual that verifies the test's