

Electronic Communications Acknowledgment

Valley Medical Center would like to communicate with you in the way that you prefer – text, email, phone message, etc. To preserve your privacy, a combination of options could include, for example, texting of non-confidential information followed by encrypted communication of confidential information. By far the most secure and convenient option is MyChart. MyChart is an electronic application that allows you to connect with your doctor and manage your health information online. The MyChart application is secure and encrypted to assure privacy of your Protected Health Information (PHI).

Valley Medical Center is required to inform you that our electronic communication outside of MyChart is NOT encrypted, thus it could be intercepted by a third party. When we communicate with you through electronic formats outside of MyChart, we will share generic information, such as directions or instructions for your appointment. We will not share your Protected Health Information (PHI). "Protected Health Information" is individually identifiable health information. This information includes demographics, for example, age, address, email address, and relates to your past, present, or future physical or mental health or condition and related healthcare services.

Other items to consider with the use of email and other electronic formats (ex. texting):

- May be forwarded, printed, and stored in numerous paper and electronic forms
- May be sent to the wrong address by either party
- Service providers have a right to archive and inspect emails
- Delivery is not guaranteed.

As a patient, you have the following responsibilities:

- Agree not to use email or text messaging for medical emergencies or sending time-sensitive information
- Inform Valley Medical Center registration of any changes to an email address and/or phone number
- If you choose to opt-out of electronic communication outside of MyChart, please inform the registration staff.

Your signature notes that you have been informed of the risks associated with electronic formats of communication and agree to your responsibilities as outlined above.

SIGNATURE (PATIENT OR PERSON AUTHORIZED TO GIVE AUTHORIZATION)		Date	
If signed by person other than patient, relationship to patient:	If Patient unable to sign, reason:	Verbal Obtained?	No Yes

Patient Label	<p>UW Medicine Valley Medical Center Electronic Communications Acknowledgment 201226 Rev.0 05/06/2015</p>
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