Request for Non-Secure Communication

PATIENT

Name (Last, First Middle)

Date of Birth

Client Identifier

REQUEST

I understand that the Danielsen Institute has a secure (encrypted) e-mail alternative. Despite that, I request that the Danielsen Institute use non-secure (unencrypted) email and/or text to communicate with me on the following:

- [ ] Communications regarding my appointments
- [ ] To send me copies of my medical records that I have requested
- [ ] For any communication about my health and health care
- [ ] Other:

Please use the above email address for me

Please use the above number for texts

I understand that non-secure e-mail may be intercepted by persons other than the sender and recipient.

I accept all liability for any consequence of using this non-secure e mail option.

I release the Danielsen Institute and Boston University from any liability for using non-secure e-mail at my direction.

Once accepted by the Danielsen Institute, this instruction will remain in effect until I notify the Danielsen Institute in writing or by e mail that I revoke this instruction.

Signature of individual or representative

(if representative, relation to patient)

Date

ADMINISTRATIVE USE ONLY

- [ ] Request Accepted
- [ ] Request Denied because:

Signature

Title

Date

OFFICIAL USE ONLY

- [ ] Individual Patient
- [ ] Individual's Medical Record