



REDDY Family Medicine

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AUTHORIZATION TO EMAIL HEALTH INFORMATION

I authorize and direct Reddy Family Medicine, LLC, to send me my medical records— including, but not limited to, chart notes, scans, and billing-related information—and other protected health information via **unsecured** email at _____ (email address). I understand the email is unsecure while in transit between Reddy Family Medicine and me. Reddy Family Medicine does not and cannot ensure the information will not be lost, compromised, or hacked while in transit, and I knowingly accept this risk.

I have reviewed and I understand this Authorization. I also understand that the information emailed pursuant to this Authorization may no longer be protected under federal law if lost, compromised, or hacked in transit. Unless revoked earlier, this Authorization shall remain in effect until my death.

Dated _____, 20_____

(Print name) Date of Birth: _____

(Signature)

Reddy Family Medicine will not condition our provision of services or treatment to you on the receipt of this signed authorization.

For Practice Use Only

We attempted to obtain written authorization to send unencrypted email to patient but could not because:

Patient was informed of and accepted risk orally.

Other: _____