

Electronic Communications and Communications Preferences Consent Form

The federal government has advised that patients and client have a right to receive health information via their preferred communication channels, including unencrypted channels, should they prefer them. It is important to understand patient and client communication preferences, as they may be both protective and mandatory.

Since clients can choose to receive messages outside of any secure text messaging or email system and still be compliant, there are certain criteria that have to be met in order for the compliance to meet government standards.

If the following three criteria are met, the governmental guidance suggest that you should be in the clear to use standard text messaging with your patients or clients in a HIPAA compliant way. (The Health Insurance Portability and Accountability Act).

1. The client understands that standard text messaging SMS has security vulnerabilities.
2. The client understands that I provide secure alternatives to the standard texting or email messaging to keep their sensitive information secure.
3. The client still prefers and agrees to communicate using standard text or email messaging over other options and that is their right and their choice.

There is no explicit requirement to confirm in writing that these criteria have been met. Doing so provides me as the agent extra protection.

Standard text messaging SMS on any secure system can be HIPAA compliant, but should be used with care and comply with the clients preference.

I Sheron E Sidbury NPN 11466028 will require all clients to indicate their preference as far as how they are willing to receive communication from me going forward whether that be by text message email message, whether that be secured or standard communication methods. Everyone will have an option on how they send their documents to me and what level of security they are comfortable with. I will provide everyone with a secure way to transmit documents with sensitive information to me. I will only send documents with sensitive information to you in a secure manner. If you respond to me outside of a secure system that will indicate that you're comfortable sending messages without using a secure method. You also

have the right to send me a message stating that you prefer to only communicate via secured protected communications.

Consent to Communicate by Standard Email and Text Messaging.

I _____, here by consent and state my preference to have my health insurance agent Sheron E Sidbury NPN 11466028, and other staff that may work with her now or in the future communicate with me by email or standard SMS messaging (text messaging) regarding various aspects of my insurance eligibility or other insurance needs. This may include, but will not be limited to details about my policy, personal details about myself and other members of my tax household and other important details needed to be collected to complete my eligibility application.

I understand that email and standard SMS text messaging are not confidential methods of communication and may be insecure. I further understand that because of this there is a risk that email and standard SMS text messaging regarding my medical care, might be intercepted and read by a third-party, even though the chance of this happening may be small.

I also agree that I have been informed by my insurance agent that they are secure methods for me to communicate my personal information. I also understand that it's my choice to use standard email and SMS text messaging if that is more convenient for me I understand and have been informed of the risk involved.

I also understand that my insurance agent will only communicate with me using secured protected methods when emailing me or using text messages as required by law.

PLEASE INDICATE YOUR PREFERRED METHODS OF COMMUNICATION
(Please check all that apply)

I can communicate via standard texting and email for all communication. I understand and accept the risk involved.

I can communicate via standard texting and email except for sensitive personal information

I would like to be provided with a secure way to communicate sensitive documents and other sensitive personal information.

___ I can communicate via email

___ I can communicate via text messaging

___ I can communicate via postal mail

___ I agree to accept updates regarding health insurance and other updates that may affect my enrollment via text message

I understand that I may change my elections at any time in writing by filling out another agreement. I also understand that I may revoke my consent at any time in writing by contacting Sheron E Sidbury using the contact information provided below.

Sheron E Sidbury
7676 Richmond Hwy #6817
Alexandria, VA 22306
Phone: (571) 636-9366
Email: sheron@sesinsureme.com

Print your name

Signature

Date
