

Active Foot & Ankle Care, LLC

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E-MAIL/TEXT WAIVER

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) sets standard for protecting the rights of individual (patients). *Active Foot & Ankle Care, LLC* follows the law that grant every individual the right to the privacy and confidentiality of their health information. To comply with HIPAA regulations, email correspondence that contains protected health information must be sent encrypted (secured). If you wish to have unencrypted (unsecure) email or texts sent to you for the sake of your convenience, you must sign the following wavier.

I _____ request that, for my convenience, *Active Foot & Ankle Care, LLC*. correspond with me by unencrypted (unsecure) email or text message to relay information concerning my care. I understand that emails or texts sent to me may contain protected health information. I further understand that unencrypted email, email attachments and texts are not secure and may be viewed by others. I agree to hold harmless *Active Foot & Ankle Care, LLC* it's officers, agents, employees, and contact health providers from any and all liability, loss, damages, costs or expenses which are sustained, or required arising from the transmission of unencrypted (unsecure) emails or texts correspondence and attachments.

This waiver will remain in force until revoked in writing.

Patient Name _____ DOB _____

Patient Signature _____ Date _____