



Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

**HIPAA COMPLIANCE QUESTIONNAIRE**

Please list persons, phone numbers and relationship of all parties if any, whom we may discuss your care and leave confidential messages

Name	Relationship	Contact Number

Please list the name, specialty and phone number of any physician who currently cares for you. This should include primary physicians, cardiologists, oncologists, rheumatologists, etc.

Name	Specialty	Contact Number

**CONSENT FOR ELECTRONIC PRESCRIBING & MEDICATION HISTORY**

Please list your pharmacy name, location and phone number below for use by our office:

\_\_\_\_\_

\*\*I understand that as part of my electronic health records, Southwest Pediatric Orthopedics will transmit my prescriptions electronically as permitted, to the pharmacy that I designated above. Additionally, Southwest Pediatric Orthopedics may request and obtain the history of all of my past prescriptions and I understand that such information will become part of my electronic health record. By signing below I give Southwest Scoliosis Institute, PLLC my informed consent to the above actions.\*\*

**REQUEST FOR CONFIDENTIAL COMMUNICATIONS VIA EMAIL**

Please list your email address below:

\_\_\_\_\_

- I am requesting Practice communicate with me via email at the address above. I acknowledge and agree that I have received and reviewed the "Important Information About Email" notice.
- Despite the possibility that my email system may not be encrypted or secure and there are no assurances of confidentiality, I consent to the Practice communicating with me via email.
- The email address above is accurate and it is my responsibility to update the Practice of any changes. I may withdraw this consent at any time by delivering written notice to the Practice.

\_\_\_\_\_  
Signature of Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Representative (Print)

\_\_\_\_\_  
Relationship to Patient

**Dallas Location**  
7777 Forest Lane, Suite C135  
Dallas, TX 75230

(972) 347-4783 Office  
(972) 347-4916 Fax

**McKinney Location**  
5236 W. University Drive, Suite 2900  
McKinney, TX 75071



## **IMPORTANT INFORMATION ABOUT EMAIL**

**THIS NOTICE DESCRIBES THE RISKS ASSOCIATED WITH UNENCRYPTED EMAIL. PLEASE REVIEW IT CAREFULLY.**

### **SECURITY RISKS**

Most standard email providers such as Gmail, Yahoo, Hotmail, etc. do not provide a secured or encrypted means of communication. As a result, there is risk that any protected health information contained in an email may be disclosed to, or intercepted by, unauthorized third parties. Additionally, email messages accessible through personal computers, laptops, or phones have inherent privacy risks especially when the email account is provided by an employer, when the account is not password protected, or the account is shared. Use of more secure communications, such as phone, fax or mail is preferred and always an available alternative.

### **RESPONSIBILITY**

When consenting to the use of email through such unsecured or unencrypted systems, you are accepting responsibility for any unauthorized access or disclosure to protected health information contained within the message. The Practice will not be responsible for unauthorized access of protected health information while in transmission and will not be responsible for safeguarding information once it is delivered. The Practice will take steps to ensure that any email with protected health information is protected prior to being sent to the requested address and will use the minimum necessary amount of protected health information when communicating with you.

### **ADDITIONAL INFORMATION**

It is important to understand that emails will not be used to replace or facilitate communications between you and your physician and will not be considered private communications. There is no guarantee that the Practice will be actively monitoring the inbox so responses and replies sent to or received by you or the Practice may be hours or days apart. Email messages may be inadvertently missed or errors in transmissions may occur. The Practice will not be responsible for any issues caused by delays in communications. If you have an immediate need or an emergency situation, you must contact the Practice by telephone or dial 9-1-1 if applicable. Practice staff will be utilized to monitor the inbox in order to properly direct or respond to communications received. Therefore, any information considered sensitive should not be included in your communications.

At the Practice's discretion, any email message received or sent may become part of your medical record.

---

#### **Dallas Location**

7777 Forest Lane, Suite C135  
Dallas, TX 75230

(972) 347-4783 Office  
(972) 347-4916 Fax

#### **McKinney Location**

5236 W. University Drive, Suite 2900  
McKinney, TX 75071