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Approval to Transmit Protected Health Information by Unsecured Email

Upon a patient's request and approval, Enhanced Medical Care will communicate their provider's summary of laboratory test results and other discussions about their Personalized Healthcare Plan by email. These emails can contain confidential and, in some instances, highly personal information. **Email communication is not secure.** Among other things, emails can be misdirected, intercepted in transmission, and viewed by others including employers, household occupants, and those who share account or system access. **Email communications can be blocked by spam and junk email filters** resulting in delays or failure in communication and, consequentially, delays or failures in medical treatment.

If you wish to communicate with Dr. Costa, our Wellness Program Director, Marilyn Chown, RN, BSN, MPH, and the rest of the staff at Enhanced Medical Care via email, please fill out the statement below.

I, _____, hereby authorize Enhanced Medical Care, LLC to provide me with a summary of my laboratory test results, diagnostic procedure and imaging results, and other information about my healthcare by unsecured email communication. I have been advised that email communication contains confidential information. I have been further advised that email communication can be misdirected, intercepted in transmission, and accessed by others. Finally, I have been advised that email communication can be blocked by spam and junk email filters resulting in delays to or non-notification of such results with potentially adverse consequences to my medical treatment. By executing this document, I acknowledge and accept the risks associated with email communication about my medical care and do hereby release Enhanced Medical Care and its employees, officers, directors, owners, and agents from any and all liability for fulfilling this authorization. I understand that I may revoke this authorization at any time provided I present written notice of such revocation to Enhanced Medical Care.

Signature of Patient or Patient's Legal Representative

Date

Print Name

Relationship to Patient

Preferred email address: _____

(We suggest that you use your personal email account and configure any spam or junk mail filter to accept transmissions from enhancedmedical@gmail.com and emails from the 'enhancedmedicalcare.com' domain)