



Su Fairchild MD / Alliance Integrative Medicine LLC

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Optional Consent to Non-secure Electronic Communication

Standard email communication (Gmail, Hotmail, etc) is an easy and convenient way to communicate with Healthcare Providers. Texting is a quick way to communicate short and more time-sensitive messages.

All these methods of communication are non encrypted and therefore not considered fully secure, and do not meet the security requirements set forth by the Health Insurance Portability and Accountability Act (HIPAA).

However, because of their extreme convenience and wide availability, these non-secure methods are offered as an additional means of communicating with Dr Fairchild. Some secure options are listed below.

Secure messaging is available at no cost via PushHealth.

www.pushhealth.com (use code SFAIRCHILD)

Secure video options include Doxy.me, VideoMedicine, or FaceTime. (Skype is not secure.)

Doxy.me:

<https://doxy.me/aim>

VideoMedicine:

<https://portal.videomedicine.com/app/doctor/1472> (must first be logged in)

____ (initial) I, the undersigned, have read and understood the above, and consent to non-secure electronic communication.

____ (initial) I release Dr Fairchild and Alliance Integrative Medicine LLC from any and all liability that may arise from use of non-secure communication.

____ (initial) If at any time in the future I wish to revoke this consent, I will so inform Dr Fairchild by fax or secure message. This revocation will not be retroactive, and will only affect communication going forward from the date of such revocation.

Please indicate how you would like to receive lab results and other documents:

Outgoing document preference (choose only one)

Documents include lab results, lab orders, and other forms containing personal health information.

___ I wish for documents to be delivered to me by Encrypted Email attachment where possible.

___ I wish for documents to be faxed to me. (You must have a private fax. Output will be black and white)

___ I wish for documents to be mailed to me. (Postage and handling charges may apply. Delays possible)

Only initial if someone other than yourself is also communicating with Dr Fairchild on your behalf:

____ (initial) I authorize _____ to communicate with Dr Fairchild about my personal health on my behalf, and to represent my wishes regarding my care.

Signature: _____

Name: _____

Date: _____