

# Albert C. Chan MD

Obstetrics & Gynecology

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Home #: \_\_\_\_\_ Mobile #: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Work #: \_\_\_\_\_ ext. \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_  
Emergency Contact Phone #: \_\_\_\_\_  
Name of Insured Person (if not patient): \_\_\_\_\_  
Relationship to Patient: \_\_\_\_\_ DOB: \_\_\_\_\_  
Referred by: \_\_\_\_\_

Email correspondence may be used to communicate information and will ONLY occur between you and Dr. Albert Chan and those working with him.

When we send you an email or vice versa, the information sent is NOT encrypted and thus NOT secure. This means a third party may be able to access the information and read it since it is transmitted over the Internet. In addition, once the email is received by you, someone may be able to access your email account and read it.

As such, we as a practice will limit and will NOT explicitly disclose details unless we are given permission by you in whatever form it is given. Types of information we may share:

- A missed appointment
- Notification of test results
- Notification an appointment needs to be made due to abnormal results
- Responsibility of a bill for services performed on a date

Information will be inferred and implied as a precautionary measure to guarantee only you understand the exact content. Specificity of a test or its exact results will NOT be disclosed through email, only the date of its performance, where it was performed, and whether an appointment needs to be made. Examples:

- *Results for a test performed in the office on Monday, January 1, 2018, are normal.*
- *Results for a test done at JFK on Monday, January 1, 2018, have been released and are normal. Dr. Chan will discuss the results with you on your next scheduled visit.*
- *Under your insurance, you are responsible for a \$34.14 deductible for a service performed in the office on Monday, January 1, 2018.*

Guidelines under the U.S. Department of Health and Human Services state that if you, the patient, have been made aware of the risks of unencrypted email, and provide consent to receive health information via email, then we, a health entity, may send you, the patient, personal medical information via unencrypted email.

I, \_\_\_\_\_, have read the conditions and hereby give permission to the Albert C. Chan, MD practice to send me personal health information via email.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email