

**Authorization & Informed Consent for
Transmission of PHI & ePHI Via Possibly
Unsecured Email, Internet, Text, Fax
or Voice Communication Channels**

Last Name: _____ First Name: _____ Client #: _____

I expressly request, authorize, direct, permit and unequivocally consent to Inside Outside Wellness Center & Medical Spa to transmit my Protected Health Information (PHI) and Electronic Protected Health Information (ePHI) to me via possibly unsecured text/voice message/internet cloud links/email.

I understand that Inside Outside Wellness Center & Medical Spa does not have the capability to completely guarantee that all text/fax/voice messages and email/internet data are transmitted in an encrypted or secured format.

I understand, however, in accordance with HIPPA Regulations, that Intake Documents, Consent Forms, Treatment Records, DXA Scan Results, Lab Results and other Identifiable PHI or ePHI will be stored in secured physical locations and/or HIPPA compliant encrypted cloud sites such as Sync.com. Therefore, PHI or ePHI can and will be sent to me, by virtue of this consent, by email/text via a HIPPA compliant encrypted link via Sync.com for download and personal use.

I expressly waive any claims or rights with respect to transmission of some ePHI or PHI via possibly unsecured text/fax/ oice messages/email/internet. This could include Scheduling of appointments, Confirmation of appointments, Rescheduling appointments, Appointment reminders, Directions to our location, and post visit "Thank You" purposes. These communications might also include the nature of my appointment ie Spa Procedure, Botox Treatment and ALLE Reward Information, DXA Scan or Hi-Lo Strength Training, clarification of the appointment details, additional information about the service I received or reminders or instructions for post procedure care.

I fully understand that third parties may attempt to or actually access, use and disclose some PHI or ePHI stored and transmitted by HIPPA Compliant entities such as Inside Outside Wellness Center & Medical Spa and Sync.com to my mobile phone/desktop computer via text/fax /voice message or email/ internet.

I fully understand the risks of transmitting text/voice messages or email /internet containing PHI or ePHI and I am willing to accept those risks.

I knowingly, intentionally and voluntarily waive all rights, claims and damages relating to the negligence, breach of confidentiality or other tort and all other legal claims that could be asserted against Inside Outside Wellness Center & Medical Spa any of its employees, agents, members or otherwise as a result of any third person improperly accessing, using or disclosing my PHI or ePHI as a result of transmission via unsecured text/voice messaging, Internet or email.

Phone/Text Number: _____ Email: _____

Signature: _____ Date: _____

Form CL100 Auth Revised 10/02/2022