



PARTNERS:
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Burgess Pediatrics Email/Video Communication Consent Preferences

Patient Name: _____ Patient Name: _____

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At Burgess Pediatrics we are able to use email to communicate with you about routine matters such as appointments, follow-up inquiries, prescriptions, certain laboratory x-ray studies as well as billing communications.

We recognize that email is not a secure communication method and should be considered as visible as a postcard. Breaches in confidentiality and failure to transmit information can occur by errors in sending, email interception, server intrusions and other events. Email is also not appropriate for real-time communication about urgent medical matters. Other communication methods available at Burgess Pediatrics include telephone calls, texting and messaging through Elation's secure Passport, our electronic medical record program and Telehealth via Zoom video. Knowing this, please indicate your email and video preferences below.

Texts and regular emails are not HIPPA-compliant. Please select one:

- I accept emails/texts with BOTH personal health information and administrative matters.
- I accept emails/texts with appointment reminders, administrative matters only, but NOT personal health information (PHI).
- I do NOT accept any regular emails or texts.
- I ONLY want to receive PHI via Elation Passport. Please send me a link to sign up for Passport. A unique email is required below for each child that you wish to enroll.

Video visits for Telehealth are encrypted but not fully HIPPA-compliant. Please select one:

- I do accept Telehealth video calls
- I do NOT accept Telehealth video calls

I/we authorize the physicians and staff at Burgess Pediatrics to communicate with us based on the choices on this form and acknowledge that email, text and video are not secure and not HIPPA compliant. I will notify Burgess Pediatrics immediately if these email addresses or my/our preferences change.

Primary Parent/Guardian Name: _____

Email(s): _____

(one for each child if enrolling in Passport)

Secondary Parent/Guardian Name: _____

Email: _____

Signature: _____ **Date:** _____