

### Authorization and Consent To Transmit Unencrypted Patient Information Electronically

Until I tell you in writing to stop, I authorize Bloom & Bloom DMDs to transmit patient information relating to my treatment, health, or payment electronically, without encryption or special security precautions, to me or someone I designate, or to other health care providers, insurance plans and others involved in my treatment, payment for my treatment, or Bloom and Bloom DMDs health care operations. The patient information that may be transmitted may include my xrays, health history, diagnosis, treatment and payment records.

I understand that:

- Bloom and Bloom DMDs does not email such sensitive personal information as social security number, credit card number, mental health diagnosis, genetic information, alcohol/substance abuse, or positive HIV status unless the patient insists.
- My treatment, payment, enrollment and eligibility for benefits will not be affected by my decision about signing this form.
- If I don't sign the form, Bloom and Bloom DMDs may use other ways to send my information, such as US Mail, or may ask me to send my information to third parties myself.
- There is some risk that electronic messages may be improperly acquired or received by unintended recipients. If that happens the information may be redisclosed and no longer protected by privacy law. Bloom and Bloom DMDs has never experienced a breach in electronic security however, should it occur I will be notified immediately if they learn of such a breach. Bloom and Bloom DMDs computers are all password protected and the WiFi they use to transmit patient information is locked and not available to the public.
- I do not have to sign this form.

I can tell you in writing to stop transmitting patient information at any time, but if I do so, this will not affect transmissions that Bloom and Bloom DMDs already sent before receiving my written instructions to stop.

**Bottom line: I give Bloom and Bloom DMDs permission to continue to send and receive my patient information electronically without encrypting it. They have worked with computer professionals and have taken great pains to be sure that their electronic system is secure; it has never been breached.**

Patient name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_