



COMPREHENSIVE

UROLOGIC CARE

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Suite 110
Crystal Lake, IL 60014

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Suite 110
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Email Communication Consent Form

As a patient of Comprehensive Urologic Care, you may request that we email you Protected Health Information (PHI) via an unencrypted email. This consent will inform you of the risks of emailing you your Protected Health Information and give us your approval to email your PHI to you. Your health is very important to us and we will make every effort to reasonably comply with your request. We reserve the right to deny any request for email communications when it is determined that granted such a request would not be in your best interest.

PLEASE READ THIS INFORMATION CAREFULLY

Some scenarios of risks taken that an unauthorized 3rd party could view your PHI: Do you share a computer with other people? Does someone other than yourself have access to your email? Do you use an unsecure WIFI or internet connection? Do you have your email address and password saved on your computer or mobile device? Despite necessary precautions, emails may be sent to the wrong address by either party. Emails maybe intercepted or altered in transmission by a computer hacker or computer virus.

- We will only send emails to the email address that you provide on this form. It your responsibility to keep your email address updated with us.
- Your signature below also acknowledges that you have the choice to receive communications via more secure means such as our portal (https://cuc.inpracsys.com/PIM_CUC) or contacting our office via telephone at 847-382-5080.

By signing below, you're acknowledging that you understand the risks in emailing your PHI to you via email. This consent to receive electronic mail or email communications allows Comprehensive Urologic Care the choice to put any communication received or sent into your medical record chart. By signing below, you understand that we offer more secure ways in accessing your PHI and the options that are available to you. You have the right to edit or revoke this consent at any time in writing and it will go into effect when received by Comprehensive Urologic Care.

Printed Patient Name: _____ DOB: _____

Email: _____

Patient Signature: _____ Date: _____