



INFORMED CONSENT TO SECURE MESSAGING

ENROLLMENT AND RELEASE OF INFORMATION REQUEST FOR ADULT PATIENTS

I authorize Sutter Independent Physicians to release my personal health information to me via *Secure Messaging*. I understand that due to California Health & Safety Code Section 123148, medical providers are prohibited from releasing the following laboratory results via *Secure Messaging* even though a patient may consent to their release: "HIV antibody test; presence of antigens indicating a hepatitis infection, abusing the use of drugs; test results related to routinely processed tissues, including skin biopsies, Pap smear tests, products of conception, and bone marrow aspirations for morphological evaluation, if they reveal a malignancy." I understand that access to my health information is for my use only and that I may call my physician for a more detailed explanation of laboratory test results received via *Secure Messaging*. I understand that I may revoke this authorization at any time in writing and that I have a right to receive a copy of this authorization upon request.

ENROLLMENT INFORMATION

I understand the following:

- I am requesting the ability to communicate with my SIP health care team via Secure Messaging's secure system.
- *Secure Messaging* should never be used for urgent matters. Response time to electronic messages is one to five business days. If you do not receive a response within five days, please follow up with your physician's office.
- A valid and functional e-mail address must be provided and kept current.
- My password should not be shared with anyone.

Patient Name: _____ Date of Birth: _____
(Please Print Legibly)

E-Mail Address: _____ (Required)
(Please Print Legibly)

Print E-mail Address a Second Time to Ensure Accuracy: _____

SIGNATURE: _____ **DATE:** _____

Office Use Only	
MRN _____	Patient ID Verified By _____
Physician Name _____	Practice Name _____