



CHILDREN'S MEDICAL OFFICE
of North Andover, P.C.

477 Andover Street, North Andover, MA 01845

Ph: 978.975.3355

www.chmed.com

EMAIL Security Policy
Acknowledgement & Response

This form must be completed, either on paper or on-line,
before we communicate with you via Email

Last Name: _____
Please print legibly.

Acct # _____
Ignore digits after decimal point.

First Name: _____
Please print legibly.

The e-mail system used by our office is not encrypted or secure. Our office computers are protected by a "firewall", and your computer may be similarly protected. However, email passes through many un-secure public servers while traveling between us. Third parties may intercept our messages.

Check the appropriate box below:

I understand the risk of disclosure of Protected Health Information (PHI) with e-mail communication. I request the staff of Children's Medical Office communicate with me about my child(ren) at the following e-mail address(es):

Email address #1: _____
Please print legibly.

Email address #2: _____
Optional -- Please print legibly.

I request that CMO staff NOT use email when communicating with me about my child(ren)'s Protected Health Information (PHI). I DO want email newsletters and general health information.

I request that CMO staff NOT use email to communicate with me in ANY form. I do NOT want email newsletters and general health information.

Parent Signature

Date