

Northeast Medical Associates

Authorization for Internet Communication

In pursuant to Indiana Legislation (844 IAC 5-3-1 through 5-3-10) a healthcare provider may disclose Protected Health Information to a patient via electronic communications (E-Mail). Northeast Medical Associates has put in place appropriate security measures to ensure patient confidentiality and integrity within existing technology. Abuse of electronic communications may result in termination of E-mail privileges.

Electronic communications are not intended for emergency care and are limited to the following:

- Patient Education
- Test Results
- Billing, Insurance, and General Questions

We can't provide treatment or prescriptions based solely on online communications without your medical history. An office visit may be required to make sure that we are properly handling your care at our facility.

Please allow up to 72 hours for response time.

Patient Agreement:

I authorize Northeast Medical Associates to disclose the information specified in this agreement through Electronic Communications (E-Mail) and I understand that E-Mail correspondence is not to be used for emergency care or for treatment and prescriptions without my medical history or diagnosis determined in a previous office visit.

Email Address _____

(Please list one email.)

Patient Name _____ (Print)

Guardian Name _____ (Print)

Signature _____ Date _____