

Svetlana Sakirsky, NP in Family Health, PC
2280 Grand Ave., suite 203
Baldwin, NY 11510

HIPPA Notification

Electronic Mail (E-Mail) Communications

The goal of Svetlana Sakirsky, NP in Family Health, PC, is to make communication between you and our office as easy as possible. As such, you have the right to request that we communicate with you via electronic mail (e-mail). However, prior to consenting to such communication, please, take a moment to realize any and all privacy risks associated with this form of communication.

E-mail communications are two-way communication. However, responses and replies to e-mails sent to or received by either you or Svetlana Sakirsky, NP in Family Health, PC, may be hours or days apart. As such, acute conditions should never be addressed using e-mail communication. Although Svetlana Sakirsky will make every effort to maintain privacy, e-mail messages, on any device, have inherent privacy risks, as there is no way to ensure an email is completely tamper-resistant. That being said, you should not use e-mail to discuss anything you wish to remain entirely confidential.

In order to forward and process and respond to your email, individuals at Svetlana Sakirsky, NP in Family Health, PC, other than the intended recipient, may have access to or read email messages. Please, remember, email communication is not a means of private communication.

This document, along with any and all email communications, may become part of your medical record.

Patient Request for Email Communication

Please, complete the information below if you wish to communicate Svetlana Sakirsky, NP in Family Health, PC, via e-mail, knowing there are inherent privacy risks.

Patient Name : _____ Date of
Birth: _____

Email
Address _____

Please initial each line and sign below:

_____ The email address contained herein is accurate, and I accept full
responsibility for messages sent to or from this address.

_____ I have read, reviewed, and received a copy of this HIPPA Notification.

_____ I understand and acknowledge that there are inherent privacy risks when
communication is over the Internet.

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_____ I agree to hold Svetlana Sakirsky, NP in Family Health, PC and its agents and representatives harmless from any and all claims and liabilities arising from or related to this Request for Email Communication.

Patient Signature: _____ Date:
