

Electronic Transmission of Protected Healthcare Information

In accordance with Health Insurance Portability and Accountability Act (HIPAA) we must have the ability to provide electronic transmission of protected healthcare information. Totem Lake Family Medicine, PLLC, offers the transmission of protected healthcare information via email. HIPAA states that offices have 14 days to comply with record requests. Due to the high volume of requests, we ask that you give us the allotted time. Requests for electronic transmission of protected healthcare information exceeding 20 pages will be subject to a searching and handling fee of \$23.00. This must be paid prior to the release of records. We are required to have your signed authorization to use or disclose protected healthcare information, along with a signed electronic transmission request in writing to document in your record. Totem Lake Family Medicine, PLLC's office policy does not allow the transmission of protected healthcare information requiring specific authorization. Transmission of protected healthcare information via email is not secure. With your signature of acknowledgement, Totem Lake Family Medicine, PLLC will not be responsible for unauthorized access to protected healthcare information.

I, _____ am requesting an electronic transmission of protected healthcare information. I have properly filled out the authorization to use or disclose protected healthcare information as well. Please send my requested information to the email address provided below. This is a onetime authorization.

Patients Name

Date of Birth

Email address for transmission of request

Patient or legally authorized individual signature

Date

Printed name (if signed on behalf of the patient)

Relationship (parent, legal guardian, personal representative)