

MARIE KIFUN JONES
379 PRINCETON-HIGHTSTOWN RD
CRANBURY, NJ 08512
TEL: 609 275 6479

Authorization for Electronic Communication

As a convenience to me, I hereby request that Marie Kifun-Jones communicate with me regarding my treatment by Marie Kifun-Jones via electronic communications (e-mail or text message). I understand that this means Marie Kifun-Jones will transmit my protected health information such as information about my appointments, diagnosis, medications, progress and other individually identifiable information about my treatment to me via electronic communications.

I understand there are risks inherent in the electronic transmission of information by e-mail, on the internet, via text message, or otherwise, and that such communications may be lost, delayed, intercepted, corrupted or otherwise altered, rendered incomplete or fail to be delivered. I further understand that any protected health information transmitted via electronic communications pursuant to this authorization will not be encrypted. As the electronic transmission of information cannot be guaranteed to be secure or error-free and its confidentiality may be vulnerable to access by unauthorized third parties, Marie Kifun-Jones shall not have any responsibility or liability with respect to any error, omission, claim or loss arising from or in connection with the electronic communication of information by Marie Kifun-Jones to me.

After being provided notice of the risks inherent in use of electronic communications, I hereby expressly authorize Marie Kifun-Jones to communicate electronically with me, which will include the transmission of my protected health information electronically. I understand that in the event I no longer wish to receive electronic communications from Marie Kifun-Jones, I may revoke this authorization by providing written notice to Marie Kifun-Jones at the above address or fax at 609 275 6479.

I agree that Marie Kifun-Jones may communicate with me electronically unless and until I revoke this authorization by submitting notice to Marie Kifun-Jones in writing. This authorization does not allow for electronic transmission of my protected health information to third parties and I understand I must execute a separate authorization for my protected health information to be disclosed to third parties.

I hereby authorize the transmission of my protected health information electronically as described above.

Patient Name

Signature of Patient

Date