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I, _____, agree to communicate with Meredith Hickory, Psy.D., PLLC, regarding my care and/or that of my child(ren), _____, via e-mail.

Dr. Hickory has informed me that she will take several precautions to guard the privacy and security of personal health-related information, consistent with federal HIPAA standards. These precautions include:

- Use of an electronic signature verification to ensure that communications are, in fact, sent by Dr. Hickory.
- Emails may be sent bcc: to notify patients of appointment opportunities
- Communication regarding non-sensitive subject matter, primarily e-mails regarding scheduling, may take place without encryption of the e-mail.
- I recognize that Dr. Hickory will make every effort to protect my privacy
- I have been encouraged to send personal health-related information to Dr. Hickory using these same safeguards, which may include digital encryption.

I recognize that despite these precautions, and the fact that they significantly increase the security of e-mail communications between Dr. Hickory and myself, e-mail is not an entirely secure form of communication and e-mail communications may be intercepted and my privacy thus breached.

Signature

Date