



Reliant Acute Care

AUTHORIZATION TO EMAIL PHI

I have elected to submit my PHI (protected health information) via email to Reliant Acute Care, LLC. I understand this is not a HIPAA compliant transfer method and do not object to communications in this manner regarding my PHI, and will hold Reliant Acute Care, LLC fully harmless if a data breach were to occur. I authorize Reliant Acute Care, LLC to receive and send my PHI to the email address below:

Email Address

Patient Signature

Date

If you do not agree to email PHI, you may fax to 239-491-9128, or join our patient portal, where the forms and messages can be completed and transferred in a HIPAA compliant environment.