



Request for & Important Information About Getting Your COVID-19 Test Results by E-Mail

I request that my test results for COVID-19, specimen collected on (date) _____, be sent to me by email:

Name	Date of Birth
E-Mail Address of Patient (Please Print Clearly)	Patient Phone Number

You have expressed interest in receiving confidential, individually-identifiable protected health information, such as medical records, via secure electronic mail (“e-mail”). We want you to be aware of potential risks of communicating by e-mail, as well as some rules that you and the hospital must follow should you decide to request e-mail communication from us. Please read this information carefully.

- E-mail communications are often two-way communications. However, responses and replies to e-mails sent to or received by you or us may be hours or days apart. This means that there could be a delay in action based on the e-mail communication. You should **not** rely solely on hospital/patient e-mail to request healthcare assistance or seek information. Be prepared to follow-up using traditional methods (such as phone call) if you do not get a response.
- **If you have an urgent or emergency situation, do NOT use e-mail;** call the hospital, your provider, and/or contact emergency medical services immediately.
- E-mail messages on your computer, your laptop, and/or your smart phone all have inherent privacy risks especially when your e-mail is provided through your employer or when access to your e-mail messages is not password protected, known only by you. Although the hospital will make reasonable attempts to maintain the confidentiality of the communications we send to you, the hospital cannot guarantee that those communications will not be intercepted, misdirected, read by others who have access to your e-mail account, or even undelivered.
- In order to respond to your e-mails to us, individuals at the hospital other than your healthcare provider may read your e-mail message. Your e-mail message is **not** a private communication between you and your treating provider, and at your healthcare provider’s discretion, your e-mail messages and any and all responded to them may become part of your medical record.
- In our sole discretion, the hospital reserves the right to terminate e-mail communications with our patients at any time and for any reason. If you have any questions or concerns about the use of e-mail to communicate your health information, please contact your provider or the hospital Privacy Officer (Health Information Management supervisor) at (402) 878-3548.

I have read, understand, and acknowledge the above risks, issues, and rules with respect to communicating with the hospital via electronic mail. I understand that although processes are in place to attempt to protect my privacy, there is no assurance of confidentiality of information when communicating this way. I also understand and agree that no urgent/emergency situations will be addressed or responded to through e-mail.

Patient's Signature	Patient Name - Printed
Signature of Parent/Legal Guardian if Patient is Minor/Power of Attorney	Date