

## EMAIL CONSENT FORM

This form grants permission for Health Net Federal Services' (HNFS) case managers to communicate with me via email at the email address listed below. The email may contain protected health information. Protected health information is individually identifiable health information that includes the past, present or future physical or mental health condition of an individual, the provision of health care to an individual, or payment for the provision of health care to an individual, including demographic information.

### 1. CONDITIONS FOR THE USE OF EMAIL

**To keep your information secure, HNFS uses encryption when sending email communication to beneficiaries. If you choose to communicate via email with your case manager, depending on your email domain and method of encryption, you may receive a notification email directing you to log on to HNFS' secure mail server to retrieve the encrypted message. First time users will be required to establish a new user account and password to open the correspondence.**

**Alternatively, some domains are seamless and no additional action is required on your part.**

HNFS will use reasonable means to protect the security and confidentiality of email information sent and received. Unsecured emails sent to HNFS carry a risk of unauthorized access. Consent to the use of email includes agreement with the following conditions:

- a. HNFS will not forward emails to independent third parties without the beneficiary's prior written consent, except as authorized or required by law.
- b. Beneficiaries will not use email for medical emergencies or other time-sensitive matters.
- c. The beneficiary should not use email for communication regarding sensitive medical information, such as information regarding sexually transmitted diseases, AIDS/HIV, mental health, developmental disability, or substance abuse.
- d. The beneficiary is responsible for informing HNFS of any types of information the beneficiary does not want to be sent by email, in addition to those set out in 1(d) above.
- e. The beneficiary is responsible for protecting his/her password or other means of access to email. HNFS is not liable for breaches of confidentiality caused by the beneficiary or any third party.

### 2. RISKS OF USING EMAIL

Transmitting beneficiaries' protected health information by email has risks that should be considered. These include, but are not limited to the following risks:

- a. Email can be circulated, forwarded, and stored in numerous paper and electronic files.
- b. Email can be immediately broadcast worldwide and be received by unintended recipients.
- c. Email senders can easily misaddress an email.
- d. Email is easier to falsify than handwritten or signed documents.
- e. Backup copies of email may exist even after the sender or the recipient has deleted his or her copy.
- f. Email can be intercepted, altered, forwarded, or used without authorization or detection.
- g. Email can be used as evidence in court.



### 3. INSTRUCTIONS

To communicate by email, the beneficiary shall:

- a. Inform HNFS of changes in his/her email address.
- b. Put the beneficiary's name in the body of the email.
- c. Include the category of the communication in the email's subject line, for routing purposes.
- d. Review the email to make sure it is clear and that all the relevant information is provided before sending to HNFS.
- e. Take precautions to preserve the confidentiality of email, such as safeguarding computer passwords.
- f. Withdraw consent only by email or written communication to HNFS.

Module # \_\_\_\_\_  
(For HNFS use only)

### 4. PATIENT ACKNOWLEDGEMENT AND AGREEMENT

If you choose to communicate with your case manager by email, please sign and date this form and return it in the envelope provided, fax to the number below, or email to the address below.

I, \_\_\_\_\_ (print name legibly) have read and fully understand the risks associated with communication of email between HNFS and me, and consent to the conditions herein. I agree to hold HNFS harmless for unauthorized use, disclosure, or access of my protected health information sent to the below email address. In addition, I agree to the instructions outlined herein, as well as any other instructions that HNFS may impose to communicate with beneficiaries by email.

Email address: \_\_\_\_\_

Signature: \_\_\_\_\_ Last four digits of Sponsor SSN: \_\_\_\_\_ Date: \_\_\_\_\_

**Print name of beneficiary if other than yourself:** \_\_\_\_\_

If signed by legal representative, please provide representative documentation as required by state law (i.e., power of attorney, guardianship papers, living will, etc.).

Please return form to:  
Health Net Federal Services, LLC  
Attention: Case Management  
P.O. Box 9528  
Virginia Beach, VA 23450-9528  
FAX: 1-888-965-8438  
Email: [HNFS.4CM@hnfs.com](mailto:HNFS.4CM@hnfs.com)