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Electronic Protected Health Information Agreement

Authorization to Exchange Unencrypted Correspondence

I authorize In Good Hands to send me emails or text messages which may include unencrypted protected health information.

Providing us with authorization to email and text you will allow In Good Hands to exchange information with you more efficiently. At the same time, we recognize that email and text messaging are not a completely secure means of communication.

You are not required to authorize the use of email and text messages, and a decision to not authorize electronic communication will not affect your health care in any way.

We have taken considerable effort to protect your personal health information, and recommend that you provide us with this authorization so that we can more efficiently communicate with you.

Thank you very much. We look forward to working together. Please sign if you agree to texting and emailing under these conditions.

PATIENT SIGNATURE

PATIENT DATE OF BIRTH

PATIENT PRINTED NAME

TODAY'S DATE