



Electronic Transmission of Private Health Information (PHI)

Pediatric Health Care Alliance (PHCA) is committed to ensuring the privacy and security of your protected health information (PHI) in accordance with the Health Insurance Portability and Accountability Act (HIPAA). As part of our commitment to safeguarding your PHI, we have implemented secure methods for transmitting medical records.

HIPAA Compliant Encrypted Email:

PHCA utilizes HIPAA-compliant encrypted email services to securely transmit medical records containing PHI. This ensures that your sensitive information remains confidential during electronic transmission.

HIPAA Compliant Encrypted Email and Fax Transmission: PHCA utilizes HIPAA-compliant encrypted email services to securely transmit medical records containing PHI. This ensures that your sensitive information remains confidential during electronic transmission. In addition to encrypted email, PHCA may also transmit medical records via fax using secure fax machines. This method complies with HIPAA guidelines for safeguarding PHI during transmission.

A.I. Generated Dictation: I grant permission for PHCA to record my child’s health information using A.I. generated dictation to the EMR system. I understand that all transcriptions will be handled in accordance with HIPAA regulations to ensure privacy and confidentiality. *By employing these secure methods, Pediatric Health Care Alliance aims to protect the confidentiality, integrity, and availability of your medical records. If you have any questions or concerns regarding the transmission of your PHI, please contact our Privacy Officer at 813.262.9341.*

Digital Updates and Communication: I acknowledge that PHCA may contact me for various purposes through email or text messaging, including but not limited to updates, reminders, and other relevant communications.

Purpose of Transmission: I understand that my health information will be transmitted electronically for the purpose of facilitating medical care, treatment, and related administrative functions.

Types of Information: I acknowledge that the information transmitted may include sensitive and confidential details about my health condition, medical history, medications, and other relevant data necessary for healthcare provision.

Security Measures/Potential Risks: I understand that PHCA will take appropriate security measures to safeguard my health information during transmission. However, I acknowledge that no electronic transmission can be guaranteed to be 100% secure. I am aware of the potential risks associated with electronic transmission, including but not limited to interception by unauthorized parties, data breaches, and loss of confidentiality.

Revocation/Duration of Consent: I understand that I have the right to revoke this consent at any time by providing written notice to PHCA. However, I acknowledge that revocation will not apply to actions already taken in reliance on this consent. This consent shall remain valid until revoked by me in writing or until the completion of the purposes for which it was provided, whichever comes first.

Signature: By signing this form, I affirm that I have read and understood the contents of this consent form, and I voluntarily authorize the electronic transmission of my private health information as described herein.

Parent Signature: _____ Date: _____

Parent Name (please print): _____

Children: _____ DOB: _____

