AUSTIN VISION ASSOCIATES, P.C.
AUTHORIZATION FOR EMAIL COMMUNICATION

Signing this Authorization is voluntary

Secure electronic messaging is preferred to unsecure email messaging for communication of protected health information. By signing this Authorization, I agree that unsecure email communication containing protected health information can be sent between Austin Vision Associates, P.C. (AVA) and me.

If you choose to communicate with AVA by email, you should consider all of the following issues before signing this Authorization:

- There is a possibility that email between you and AVA could be forwarded, intercepted, printed and stored by others.
- Email communication is a convenience and not appropriate for emergencies or time-sensitive issues.
- Employers generally have the right to access any email received or sent by a person at work.
- All AVA employees have access to and may read and process all email.
- Clinically relevant messages and responses will be documented in the medical record at AVA's discretion.
- AVA will not be liable for any information lost or misdirected due to technical errors or failures.

_____ I authorize AVA to email me the following:
Initials

- my eyeglass and contact lens prescriptions;
- information regarding my medical care, treatment and diagnostic results; and
- statements and information regarding my account status.

Patient's email address to use for these communications is:

_____

I understand this authorization will remain in effect until I revoke it in writing addressed to AVA including the effective date and the patient's signature. I understand if I revoke this authorization, such revocation will not apply to any information already released as a result of this authorization.

_____ _____
patient's printed name representative's printed name

_____ _____
patient's or representative's signature date