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PATIENT ACCEPTANCE OF E-MAIL RISKS

I request that **Beaver Sports Medicine** communicate my Protected Health Information (PHI) via an e-mail message that may not be encrypted or otherwise secured. I am aware that my health information will be sent over an unsecured network and could be intercepted and used for identity theft purposes. I hereby accept those risks and absolve **Beaver Sports Medicine** of any liability for these e-mail transmissions.

Print Name: _____

Signature: _____

Date: _____

Signature of Legal Representative: _____

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We attempted to obtain written acceptance of e-mail risks, but could not because:

Individual accepted risks verbally

Individual accepted risks via e-mail message

Other (please specify)
