

ALASKA INTERNAL MEDICINE & PEDIATRICS
SHARING OF MEDICAL RECORDS BETWEEN THE PATIENT AND AKIMP

Alaska Internal Medicine & Pediatrics will send certain correspondence, such as bills, records, etc. to your mailing address. If you would prefer to receive other types of written correspondence, please let us know.

*****You will need to cross off any type of communication that you do not want to use, and sign for any type of communication that you prefer to use.**

Email Address _____

Email is not a secure way to share medical records. It can get rerouted and end up in someone else's possession by mistake. It can be hacked. It puts your information on an internet based platform.

If I choose this method of record sharing and correspondence, I recognize the risks involved and take full responsibility for those risks. Initial _____

Mailing Address _____

Text Phone Number _____

Text can be seen in some circumstances by others and is not a secure way to share records or correspondence. If I choose this method of record sharing and correspondence, I recognize the risks involved and take full responsibility for those risks. Initial _____

Fax can be sent to a number of your choosing upon request (check here if this might be something you would request) _____

Please be aware that numbers can be transposed by the person giving it or sending it and can end up in the wrong hands. If your information is delivered to a public or private fax, it can be seen by bystanders and anyone who accepts the fax. If I choose this method of record sharing and correspondence, I recognize the risks involved and take full responsibility for those risks. Initial _____

Other _____

Any inherent risks with regards to the sharing of records and communication through unsecure means is the responsibility of the patient if chosen by the patient. Initial _____

Patient Signature _____ Date _____