



Minnesota Disability Support Alternatives

9705 45th Avenue North #41982 | Plymouth, MN 55442

Phone: 612-470-1585 | Fax: 1-651-560-5578 | main@mndsa.org | www.mndsa.org

Electronic Communication Authorization

The Health Insurance Portability and Accountability Act (HIPAA) was enacted by the U.S. government to protect your Personal Health Information (PHI). Unencrypted email (standard email) and unencrypted text messaging (standard text messaging) does not protect your Personal Health Information. Most email and text messaging are not encrypted, meaning that when you send, receive, or store information in your email or text messages it is not encrypted. This means that a third party could intercept (hack) email and text communications and access your Personal Health Information.

HIPAA allows reasonable accommodations to be made to ensure you have convenient access to your Personal Health Information. This means you have the right, if you have been made aware of and understand the risks, to receive unencrypted email, text communications, and electronic documents that contain Personal Health Information.

The following pages will give you options to customize your electronic communication with MNDSA. If you choose to fill out the All Electronic Communication section regarding all electronic communication you will not need to fill out any additional sections.

All Electronic Communication (Email, Text Messaging, Electronic Documents)

I understand the risks of unencrypted electronic communication and do hereby give permission to Minnesota Disability Support Alternatives to send me Personal Health Information via unencrypted electronic communication.

Date: _____

Signature Consumer/Legal Guardian

Printed Name/Relationship to Consumer (if applicable) _____

Email approved by Consumer/Legal Guardian (Example: xxx@gmail.com) _____

Text Messages approved by Consumer/Legal Guardian (Example: 651-317-4685) _____

- I understand the risks of unencrypted electronic communication and elect to have Minnesota Disability Support Alternatives send any Personal Health Information through encrypted electronic communication. I understand that once I download this information it will no longer be encrypted.

Date: _____

Signature Consumer/Legal Guardian

Printed Name/Relationship to Consumer (if applicable) _____

This authorization is in effect until you tell us in writing to cancel it. If your email, text messaging number, or electronic document preferences change you must complete a new form.



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I do not wish to receive Personal Health Information via electronic communication. I understand that by selecting this option Minnesota Disability Support Alternatives will not be able to freely communicate with me via electronic communication and all documentation will have to be sent in hardcopy via mail.

Date: _____

Signature Consumer/Legal Guardian

Printed Name/Relationship to Consumer (if applicable)

Email (Please select one option.)

- I understand the risks of unencrypted email and do hereby give permission to Minnesota Disability Support Alternatives to send me Personal Health Information via unencrypted email.

Date: _____

Signature Consumer/Legal Guardian

Printed Name/Relationship to Consumer (if applicable)

Email approved by Consumer/Legal Guardian (Example: xxx@gmail.com)

- I understand the risks of unencrypted email and elect to have Minnesota Disability Support Alternatives send any Personal Health Information through encrypted email. I understand that once I download this information it will no longer be encrypted.

Date: _____

Signature Consumer/Legal Guardian

Printed Name/Relationship to Consumer (if applicable)

Email approved by Consumer/Legal Guardian (Example: xxx@gmail.com)

- I do not wish to receive Personal Health Information via email. I understand that by selecting this option Minnesota Disability Support Alternatives will not be able to freely communicate with me via email.

Date: _____

Signature Consumer/Legal Guardian

Printed Name/Relationship to Consumer (if applicable)

This authorization is in effect until you tell us in writing to cancel it. If your email, text messaging number, or electronic document preferences change you must complete a new form.



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Text Messaging (Please select one option.)

I understand the risks of unencrypted text messaging and do hereby give permission to Minnesota Disability Support Alternatives to send me Personal Health Information via unencrypted text messaging.

Date: _____

Signature Consumer/Legal Guardian

Printed Name/Relationship to Consumer (if applicable)

Text Messages approved by Consumer/Legal Guardian (Example: 651-317-4685)

- I do not wish to receive Personal Health Information via text messaging. I understand that by selecting this option Minnesota Disability Support Alternatives will not be able to freely communicate with me via text messaging.

Date: _____

Signature Consumer/Legal Guardian

Printed Name/Relationship to Consumer (if applicable)

Electronic Documents (Please select one option.)

- I prefer to receive as many electronic documents as possible and do hereby give permission to Minnesota Disability Support Alternatives to send me documents electronically instead of providing me paper copies. If I would like to also receive a paper copy of any document, I will formally request the document be sent to me in hard copy (paper) on a document by document basis.

Date: _____

Signature Consumer/Legal Guardian

Printed Name/Relationship to Consumer (if applicable)

- I prefer to receive paper documents. I understand that by selecting this option Minnesota Disability Support Alternatives will provide all documents to me in paper format. If I would like to also receive an electronic copy of any document, I will formally request the document be sent to me electronically on a document by document basis.

Date: _____

Signature Consumer/Legal Guardian

Printed Name/Relationship to Consumer (if applicable)

This authorization is in effect until you tell us in writing to cancel it. If your email, text messaging number, or electronic document preferences change you must complete a new form.