



Mid-Florida Kidney and Hypertension Care, PL
631 Palm Springs Dr Suite 104
Altamonte Springs, Florida 32701
407-265-2540

Request for Electronic Access and Authorization for Email Communication

Name: _____ Email: _____

I authorize Mid-Florida Kidney and Hypertension Care, PL to contact me using the email address provided above (including my name, information regarding my account balance)

I understand that:

- The information is being sent for the purpose of communicating with me regarding my account balance
- My name, provider number and account balance could be viewed by anyone who has access to my email and that if my email is unsecured, the information could potentially be intercepted and
- This authorization will be in force and effect until I terminate my relationship with the practice or revoke the authorization by making a request in writing to: Mid-Florida Kidney and Hypertension Care, PL -- 631 Palm Springs Dr Suite 104, Altamonte Springs, FL 32701; ATTN: Privacy Officer

I further understand that:

- A revocation is effective only to the extent that the practice has not already relied upon it,
- Information used or disclosed pursuant to this authorization (name, email, practice name, account balance) may be used by a recipient of the email communication and then will be no longer protected by federal or state law,
- I can refuse to sign this authorization and the practice will not condition my treatment on whether I sign, and
- I have the right to inspect or copy my protected health information as permitted by federal and state laws.

Patient Signature: _____ Date: _____

Staff Signature : _____ Date: _____

