

AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION ELECTRONICALLY

In order for Scripps Health Plan Services to email a copy of your information to you, or your designee, please complete the following information.

Email address you would like the information sent to:

I would like my information sent in a:

- Secured email to my or to (my designee's) email address.
- Unsecured email to my or to (my designee's) email address.

I acknowledge that by electing to receive my health information via email in an unsecure manner, that the information will not be encrypted, and that it could be intercepted and viewed by a third party. Scripps Health Plan Services is not responsible for unauthorized access of your health information while in transmission to the email address you designate above.

Printed Name: _____

Signature: _____ **Date:** _____

If designee's email, indicate relationship: _____