



## HIPAA Compliant Communication Policy

**Client Name:** \_\_\_\_\_

HIPAA laws require providers to offer the use of a secure method of communicating to you to protect your health information. Lux Scientiae, Inc. (LuxSci for short) is the service provider that I use. Luxsci provides a client portal for secure/encrypted emails and SecureText for secure/encrypted text messages. Chrome is the recommended web browser to use.

SecureText will require you to create your own password and enter an email address for password recovery to access the text message the first time a SecureText is sent to you. Once you are set up, future SecureText message will require you to enter your personalized password to read text messages sent from my office.

If my office initiates the first email contact, we will use the email address that you have provided us. You will be sent an email with a SecureSend/Escrow link and will be required to create a personalized password. You may initiate an email communication by going to **[luxsci.com/perl/public/secure send.pl?settheme=1](http://luxsci.com/perl/public/secure send.pl?settheme=1)**. To register for the first time, use your email address and create your own personalized password. Please “bookmark”/save this site for future use.

It is recommended, for the safety of your Protected Health Information (PHI), that you communicate with our office through these methods for both emails and texts.

The following information is required and I would appreciate if you would again provide it to me. For security purposes only provide the information you can personally access.

Email Address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Preferred Address for any mailed correspondence: \_\_\_\_\_

If you decide that this system is too difficult to manage you may CHOOSE to opt out of the HIPAA secure system. If at any time you choose to communicate by non-HIPAA compliant methods, please contact Laura at 253-653-4440, so that she may get you **the Consent for Communications by Non-HIPAA Compliant Methods** form. This form must be completed and signed prior to communications, other than by phone, between my office and yourself.

\_\_\_\_\_  
Signature of Patient/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent/Guardian (printed)

Relationship to patient: ☐ Self ☐ Parent ☐ Guardian ☐ Other