

FREE DOWNLOAD

HIPAA email policies and forms for private practices

HIPAA policies and forms for private practices

How to use these policies and forms:

- [Create a copy of these forms](#) using Google Docs. Go to File > Make a copy.
- Review the policies and forms, and make any adjustments based on how you run your private practice.
- Edit any text highlighted in yellow with your practice information. Don't forget to update the headers and footers as well.
- Please note that these are sample policies and forms intended for general informational purposes only, please consult with a qualified professional for legal guidance.

Internal HIPAA email policy

[Practice Name]

HIPAA Email Policy

This policy ensures that all employees of [Practice name] handle email communications in compliance with the Health Insurance Portability and Accountability Act (HIPAA) to protect the privacy and security of patients' protected health information (PHI).

Acceptable Use

- Employees may only use [Practice's official email domain] for work-related communications. Personal email accounts (e.g., Gmail, Yahoo) must not be used for sending or receiving PHI.
- PHI should only be transmitted via email if necessary and must always be secured using encryption.
- Employees must verify recipient email addresses before sending PHI to prevent accidental disclosures.
- Email should not be used for sharing PHI unless it is secured through an approved HIPAA compliant email solution.

Encryption and Security Measures

- All emails containing PHI must be sent through [Your HIPAA compliant email provider, e.g., Google Workspace secured by Paubox].
- Employees must use strong passwords for their email accounts and enable multi-factor authentication (MFA) where applicable.

Reporting Security Incidents

- Any suspected email security breaches, unauthorized access, or accidental disclosures must be reported immediately to [enter designated contact].
- If an email-related breach occurs, [Practice name] will assess the impact and notify affected individuals and authorities as required by HIPAA.

HIPAA privacy policy and consent form

HIPAA Privacy Policy and Consent Form

The Health Insurance Portability and Accountability Act (HIPAA) provides safeguards to protect your privacy. This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Client Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

- **Get an electronic or paper copy of your medical record.** You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee. If we refuse your request for access to your records, you have a right of review, which we will discuss with you upon request.
- **Ask us to correct your medical record.** You can ask us to correct health information about you that you think is incorrect or incomplete. We may say “no” to your request, but we’ll tell you why in writing within 60 days.
- **Request confidential communications.** You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.
- **Ask us to limit what we use or share.** You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
- **Get a list of those with whom we’ve shared information.** You can ask for an accounting of disclosures of PHI regarding you. On your request, we will discuss with you the details of the accounting process.

- **Get a copy of this privacy notice.** You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- **Choose someone to act for you.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
- **File a complaint if you feel your rights are violated.** You can complain if you feel we have violated your rights by contacting us. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

- **Treat you.** We can use your health information and share it with other professionals who are treating you.
- **Run our organization.** We can use and share your health information to run our practice, improve your care, and contact you when necessary.
- **Bill for your services.** We can use and share your health information to bill and get payment from health plans or other entities.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information, see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.

[Practice name], [Practice Address]

Updated [Date]

- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request and on our website.

I hereby consent and acknowledge my agreement to the terms set forth in the HIPAA Privacy Policy and Consent Form and any subsequent changes in office policy. I understand that this consent shall remain in force from this time forward.

Signature _____

Date _____

Printed name _____

Electronic communication consent form

Electronic Communication Consent Form

I consent that the [Practice name] can provide their services and communicate with me via messages, email, and any kind of online communication, provided that these communications comply with privacy regulations.

By signing this agreement, I acknowledge and agree that:

- I understand that I am consenting to receive electronic communications from [Practice name].
- I can opt out of receiving marketing emails at any time by clicking the "unsubscribe" link at the bottom of any email.
- I have read and understand [Practice name]'s HIPAA Privacy Policy, which outlines how my personal information will be used and protected.
- I am responsible for notifying [Practice name] when my contact information has changed.

Signature _____

Date _____

Printed name _____

Email footer disclaimer

Email Footer Disclaimer

Important note

Adding a disclaimer alone is not enough to be HIPAA compliant.

If you are using Google Workspace or Microsoft 365 to communicate with patients, you must add an additional HIPAA compliant email service (like Paubox) to ensure that all of your emails are compliant. Without it, you run the risk of being non-compliant and facing severe fines.

Paired with a HIPAA compliant email service, use the following disclaimer examples to help patients understand that PHI may be included in your email communications

Sample email footer disclaimer

Please note that this email may contain protected health information (PHI) and is being sent encrypted to protect information and remain compliant under the Health Insurance Portability and Accountability Act (HIPAA) requirements. Any unauthorized use or disclosure of this PHI is strictly prohibited. If you have received this message in error, please notify the sender immediately and delete this email from your system.

How to add an email footer (Google Workspace)

Follow Google's instructions for adding/updating a global footer:

<https://support.google.com/a/answer/2364576?hl=en>

How to add an email footer (Microsoft 365)

Follow Microsoft's instructions for adding/updating a global footer:

<https://learn.microsoft.com/en-us/microsoft-365/admin/setup/create-signatures-and-disclaimers?view=o365-worldwide>

PAUBOX EMAIL SUITE

Send email as normal, but HIPAA compliant

- Works with Google Workspace or Microsoft 365 to make email compliant
- Set up in 15 minutes
- Top-rated U.S. support

Learn more about Paubox

PAUBOX 



GRETCHEN MURCHISON, Paubox customer
Sunrise LCSW