



Now in TWO locations
8007 W. 151st St.
Overland Park, KS 66223
AND
8641 W. 135th St.
Overland Park, KS 66223
www.bluevalleyvision.com
f t p

I hereby voluntarily consent to give permission to Blue Valley Vision of Overland Park to send my prescription(s) electronically by way of standard, unencrypted email providers.

Email may be used to send the following to you:

- Glasses prescriptions
- Medication prescriptions
- Contact Lens prescriptions (in compliance with the FCLCA)

What are the advantages of use email?

- Rapid transmission of information
- Allows you to see a written record of information exchange

What are the risks of using email?

- Email may be seen by unintended viewers if addressed incorrectly
- Email may be intercepted by hackers and redistributed
- Someone posing as you could access your information
- Email can be used to spread computer viruses
- Email may not be received in a timely manner if caught by junk/spam filters
- Emails are discoverable in litigation and may be used as evidence in court
- Emails can be circulated and stored by unintended recipients

What are my obligations?

- I must notify Blue Valley Vision of Overland Park immediately if my email address changes.
- If I do not receive my information in a timely manner, I will contact Blue Valley Vision of Overland Park by telephone as needed.
- I will advise Blue Valley Vision of Overland Park in writing should I decide that I prefer to discontinue email receipt of my prescriptions.

What steps has Blue Valley Vision of Overland Park taken to protect the privacy of my email communications?

- Has a HIPAA compliant patient portal for communication that can be used as an alternative to unencrypted email.
- Set up password protection on all computers and networks.
- Educated staff on the appropriate use and protection of email.
- Does not access patient email from public Wi-Fi.
- Does not allow any person outside current staff and doctors access to any office computers or networks.
- Will not forward patient email to third-parties without your express consent
- Will not include any other identifying information than necessary on the prescriptions

By signing below, I consent to the use of email communications between myself and Blue Valley Vision of

Overland Park. I recognize there are risks to its use, and despite best efforts from staff and doctors at Blue Valley Vision of Overland Park, confidentiality is not absolutely guaranteed. I understand and accept those risks and policies for email use outline in this form. I understand and agree that this method of delivery is in full compliance with the Fairness to Contact Lens Consumers Act (FCLCA). Should I withdraw my consent for email communication, I will notify Blue Valley Vision of Overland Park in writing.

Client Signature

Date