



Dr. (Jan) Trang Dao, OD
Dr. Huy Tran, OD
Dr. Clara Le, OD
Dr. Van Nguyen, OD

Authorization for Email

I _____ authorize InFocus Vision to send my protected health information, i.e., glasses/contact lens prescription, etc. via **unencrypted** email. I understand there may be some level of risk that the information in the email could be read by a third party.

You have the right to revoke this authorization at anytime, by writing a letter stating you no longer wish to authorize InFocus Vision to send health information via email with your legal signature.

***If individuals are notified of the risks and still prefer unencrypted email, **the individual has the right to receive protected health information in that way**, and covered entities are not responsible for unauthorized access of protected health information while in transmission to the individual based on the individual's request. Further, covered entities are not responsible for safeguarding information once delivered to the individual.*

(US Department of Health and Human Services, 2013)

Patient Signature

Date

305 W FM 1382 #524B
Cedar Hill, TX 75104
www.infocusvisiontx.com

Office (972) 293-7170
Fax (972) 293-8421
infocusvisionch@gmail.com