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**E-MAIL WAIVER**

The Health Insurance Portability and Accountability Act of 1996 (HIPPA) sets standards for protecting the rights of individuals (patients). Charlton Ho, D.D.S., P.L.L.C. follows the laws that grant every individual the right to the privacy and confidentiality of their health information. To comply with HIPPA regulations, e-mail correspondence that contains protected health information must be sent encrypted (secured). You will be provided with a unique key (password) allowing you to read your e-mail messages. If you wish to have unencrypted (unsecure) e-mail sent to you for the sake of your convenience, you must sign the following waiver:

I, \_\_\_\_\_, request that, for my convenience, Charlton Ho, D.D.S., P.L.L.C. correspond with me by unencrypted (unsecure) e-mail. I understand that e-mails sent to me may contain protected health information. I further understand that unencrypted e-mail and e-mail attachments are not secure and may be viewed by others. I agree to hold harmless Charlton Ho, D.D.S., P.L.L.C. its officers, agents, employees, and contract health providers from any and all liability, loss, damages, costs, or expenses which are sustained, incurred, or required arising from the transmission of unencrypted (unsecure) e-mail correspondence and attachments.

I hereby direct, Charlton Ho, D.D.S., P.L.L.C. to send all e-mails in an encrypted (secure) format to this address: \_\_\_\_\_

This waiver will remain in force until revoked in writing. It may be revoked in writing at any time.

Signed and dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

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