

Permission to Send Covid-19 Test Result Information Requested by E-mail/Text Message and to Receive Automated Calls

If you are requesting your Covid-19 test results be released via E-mail, text message or Automated Call, Northwell Health asks that you acknowledge and consent to the following:

I understand and agree that in order for Northwell to get my test results to me in the fastest way possible, it may be necessary to receive a Text Message, E-Mail or Automated Call with my results and that text messages and E-Mails may be unencrypted. I understand that most personal E-mail services and text messaging systems do not encrypt or otherwise protect E-mails and text messages and, therefore, I understand that if ttext messages and E-Mails are sent through unencrypted means others may be able to access the information and read it once it is transmitted over the Internet. I further acknowledge that text messages, E-Mails and automated calls may be inadvertently sent to the wrong address and may be subject to technical malfunctions. Therefore, I understand that text message, E-Mail and automated call delivery is not guaranteed and text messages and E-Mails are potentially subject to unauthorized disclosure to third parties.

Despite these risks, I authorize my provider to transmit the information I have requested by unencrypted text message or E-Mail or by automated call to advise me of my test results.

Telephonic Interpreter's ID # OR Signature: Interpreter	Date/Time Date/Time	Print: Interpreter's Name and Relationship to Patient
	Date/Time	
*The signature of the patient must be obtain decisions. In these cases the Agent, Surrog Only for use when interpreter services ar	ate or Guardian should sign	
Printed name of person signing this form:		Authority to sign on behalf of patient or relationship to patient (if applicable):
	ure).	Date:
Patient/Agent/Surrogate/Guardian* (Signat	uro).	

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Consent to E-mail and Text Communications" (Form# VD032)

VD001E (6/11/19)