



COLORADO

Department of Health Care
Policy & Financing

Encryption Exception Form

To allow authorization to send unencrypted email

I am a member of (check/circle one):

- ☐ Health First Colorado (Colorado's Medicaid program)
☐ Child Health Plan *Plus* (CHP+)

The Colorado Department of Health Care Policy & Financing (HCPF) administers this health plan. My member ID number is: _____

I am aware that the Health Insurance Portability and Accountability Act (HIPAA) requires HCPF to protect and secure my Personal Identifying Information (PII) and Protected Health Information (PHI).

My personal information includes data such as my name, my date of birth, my social security number, my member ID number, and information about my health care billed to HCPF, which may include medical treatment, diagnoses, and conditions. HCPF **encrypts** emails that contain my PII/PHI to protect that information.

I am requesting a reasonable modification of policies, practices, and procedures pursuant to the Americans with Disabilities Act (ADA) to authorize HCPF to send me and/or my Personal Representative/Third Party Representative emails with my PII/PHI **without encryption**. This accommodation will let me communicate effectively with HCPF.

I am directing HCPF to send emails **without** encryption:

- To me: Member's email address: _____
- To my Personal/Third Party Representative's email address: _____

By authorizing and consenting to the use of unencrypted email, I understand that:

- Most popular email accounts (ex. Gmail, Hotmail, Yahoo) do not use encrypted email;
- An email which is not secured or encrypted could be intercepted ("hacked") and read by other parties since it is sent over the internet;
- Unsecured emails can be copied and forwarded to anyone;
- Someone may be able to access my email account to read the email;
- If I receive my email on a smartphone or tablet, my email can be easily viewed by someone other than me who has my phone or tablet.

Acknowledgement and agreement

I understand that HCPF normally sends me (or my Personal/Third Party Representative) **encrypted** emails to protect my personal health information. I am directing HCPF to send emails with my PII and/or PHI **without** encryption. Because of the risks outlined above, HCPF cannot guarantee that emails will be confidential. I understand the risks to my personal

health information associated with unsecured email communication between HCPF and me, and I accept that risk.

I acknowledge that I have read, or had read to me, and fully understand this authorization form. Any questions I may have had regarding this authorization were answered. I understand that this authorization to send unsecured email is in effect when I sign this form. This authorization will remain in effect until and unless I revoke or cancel the authorization in writing, except in instances when HCPF has sent an unencrypted email *before* receiving my request to revoke or cancel my authorization. I understand that I can revoke or cancel this authorization at any time by writing to:

HCPF
Attention: Privacy
303 E. 17th Ave., Suite 1100
Denver, CO 80203
Fax: (303) 866-4411

Allow unencrypted email

I understand the risks of unencrypted email and give permission to HCPF to email me and/or my Personal/Third Party Representative personal health information about

Member name: _____ without encryption.

Signature: _____ Date: _____

Printed name: _____

Email: _____

Revoke (cancel) unencrypted email

I revoke or cancel my authorization allowing HCPF to send personal health information for

Member name: _____ using unencrypted email.

I request that all personal health information for

Member name: _____ be sent to me or my appointed
Personal/Third Party Representative using encrypted email.

Signature: _____ Date: _____

Printed name: _____

Email: _____

Revoke Date: _____

INSTRUCTIONS: Please review this form carefully, and sign and date the form. Return to HCPF Privacy at 303 E. 17th Ave., Suite 1100, Denver, CO 80203 by mail or fax (303) 866-4411.