



MILLS
EYE +
FACIAL SURGERY

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**Agreement Form for Email Communications
Between Mills Eye + Facial Providers & Patients**

- 1) Secure electronic messaging is always preferred to insecure email for more sensitive Protected Health Information (PHI), but under specific circumstances, insecure email communication containing PHI may take place between a Mills Eye + Facial Surgery (MEFS) provider and a patient. This email communication may be used if both parties agree on this communication method and this form is completed and signed by the patient or the patient’s personal representative (if appropriate).

- 2) A copy of this form will be filed in the patient’s Medical Record and a hard copy of this form will be provided to the patient (via email or paper). This agreement is limited to communications using the email addresses listed below.

- 3) **Provider Awareness:**
 - a) Standard email is not a secure means of communication, so as the provider I will use the minimum necessary amount of protected health information when responding to your questions or communicating information to you. In no event will my communications include highly sensitive PHI such as information relating to HIV/AIDS, mental health or substance abuse.

- 4) **Patient Awareness:**
 - a) Please note that most standard email does not provide a secure means of communication. There is some risk that any protected health information contained in email may be disclosed to, or intercepted by, unauthorized third parties. Use of more secure communications, such as phone or fax, is always an alternative that is available to you.

- 5) By completing this form, the provider and I understand and are willing to accept the risks involved with insecure email communication of my protected health information.

Patient’s Name (printed): _____ Date: ____ / ____ / ____
 Patient’s Email Address (print): _____
 Patient’s Signature: _____

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