



**C. Nicholas DeTure D.M.D.**  
*Diplomate, American Board of Periodontology*

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**Authorization and Consent**  
**To Send Unencrypted Patient Information by Email and Other Electronic Means**

Until I tell you in writing to stop, I authorize C. Nicholas DeTure, P.A., to transmit patient information relating to my treatment, health, or payment by email or other electronic means, without encryption or special security precautions, to me or someone I designate, or to other health care providers, health plans and others involved in my treatment, payment for my treatment, or C. Nicholas DeTure, P.A.'s health care operations. The patient information that may be emailed may include my x-rays, health history, and diagnosis, treatment, and payment records.

I understand that:

- My treatment, payment, enrollment and eligibility for benefits will not be affected by my decision about signing this form.
- If I don't sign this form, C. Nicholas DeTure, P.A. may ask me to send my information to third parties myself.
- There is some risk that emails and other electronic messages may be improperly acquired by hackers or received by unintended recipients. If that happens, the information may be re-disclosed and no longer protected by privacy law.
- C. Nicholas DeTure, P.A. does not email such sensitive personal information as Social Security number, credit card number, mental health diagnosis, genetic information, alcohol/substance abuse, or positive HIV status unless the patient insists.

I can tell you in writing to stop emailing my patient information at any time, but if I do so, this will not affect emails that C. Nicholas DeTure, P.A. already sent before receiving my written instructions to stop. This consent is valid until I notify you in writing.

Patient name (please print) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_