CuraDirect
Healthcare

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Waiver Form and Authorization to Communicate Electronic Protected Health Information (ePHI)

By signing this form, "*I authorize CuraDirect Healthcare to send email or text which may include unencrypted protected health information.*"

By providing us with authorization to email and text you will allow CuraDirect Healthcare to exchange information with you more efficiently and will benefit you as a member.

It is understood that Copilot AI (artificial intelligence) may assist in the preparation or management of these communications, including automated messages, but all communications are reviewed by staff.

At the same time, it is recognized that email and text messaging are not a completely secure means of communication.

You are not required to authorize the use of email and text messages and a decision to not authorize electronic communication will not affect your health care.

CuraDirect Healthcare has taken considerable effort to protect the personal health information of members and recommend that all members provide us with this authorization so that we can more efficiently communicate with them.

By signing below, I acknowledge that I have read and understood the terms of this authorization and waiver form for the use of email and text for communication of my ePHI and the involvement of AI in these communications. I consent to the communication of my ePHI via email and text message.

_____ _____

Member, Patient or Guardian Signature Signature Date