

HELEN SHIM, M.D., PLLC

DERMATOLOGY/DERMATOPATHOLOGY

REQUEST FOR COMMUNICATION VIA UNSECURE EMAIL

I _____ request Dr. Helen Shim M.D., PLLC
communicate with me Via unsecure e-mail regarding my medical care and treatment including
test results, prescriptions, appointments, billing and care coordination.

I am aware that a secure alternative is available for these communications.

I understand that unsecure e-mail is not a confidential method of communication and there is a
risk that unsecure e-mail communications may be intercepted by third parties or transmitted to
unintended parties.

I understand that any e-mail communications between me and Dr. Shim will be made a part of
my medical record.

I understand that in an urgent or emergency situation I should call Dr. Shim or go to the nearest
Emergency Room (ER) and NOT rely on e-mail.

My e-mail address is: *(please print clearly)*

Signature _____

Date _____