



Authorization to Utilize Unencrypted E-mail to Communicate Protected Health Information

The Illinois Department of Public Health wants to ensure you are aware e-mail communications with the Department may not be encrypted and, therefore, may not be secure communications. E-mail messages may be copied or intercepted in transmission or misdirected. By requesting the Department communicate with you via e-mail, you are accepting these risks.

If you agree to the above, indicate your acceptance by completing and returning this form to:

Send this form to:

Illinois Department of Public Health
Newborn Screening Program
535 W. Jefferson St., 2nd Floor
Springfield, IL 62761
Phone: 217-785-8101
Fax: 217-557-5396
DPH.newbornscreening@Illinois.gov

I hereby grant permission to the Illinois Department of Public Health Newborn Screening Program to communicate newborn screening records, including laboratory test reports, via e-mail to me for the child identified below.

Printed Name of Child _____

Date of Birth _____

Signature of Parent or Guardian if child is less than 18 years of age

Date

Signature of Individual if 18 years of age or older

Date

Authorized e-mail of individual requesting records _____