



Request and Authorization for Email Communication

Note to Applicant/Member: By completing and signing this form, you authorize PHP (HMO SNP) to email you information pertaining to your membership in PHP and your health care, and you accept any risk involved in passing email. **Regardless if you opt to communicate with us by email, you will always be able to communicate with us by phone and mail.**

PHP is an HMO plan with a Medicare contract. Enrollment in PHP depends on contract renewal.

Name of Applicant/Member: _____

Please Print

PHP is happy to communicate with you by email. Please be aware, though, that there are some security risks in using email. For example, if you download messages to your computer, cell phone or a flash drive, any personal health information in the messages could be accessed by others. If you share a computer, email, or your user ID or login information, others could view the health plan's messages to you. Also, although we will try to send messages to you using an encrypted transmission, it may not always be possible to do so. Email messages sent by the plan to you or from you to the plan that are not encrypted could be intercepted by third parties.

If you wish to communicate with us by email, please indicate your acceptance of these risks by signing below. When you receive your first email from us, you will need to create a user ID and login, which you will use to access your emails.

If at any time, PHP determines that email is not a suitable means of communicating with you, it may decide to discontinue this option and will work with you to find an alternative.

I have read the above information about the risks of email communications and understand it. I accept the risks of emailing and I request that you communicate to me by email about my health care and membership in PHP.

I may revoke this authorization at any time by calling Member Services at (800) 263-0067, 8:00 a.m. to 8:00 p.m., seven days a week. TTY users call 711.

Signature: _____ Date: _____

Email Address: _____

Please Print