

MCXD-PAD

DATE:

\*\*\*DISCLAIMER\*\*\*

Per authorization attached I, \_\_\_\_\_, opt to receive the records electronically through the DOD Safe website. I understand that I have to pay attention to email notifications coming from DOD Safe which contain access information relative to the request. The passphrase will be emailed by the MRT processing the request.

Further, I understand that upon notification from DOD Safe that the record(s) are ready, I only have seven (7) calendar days **or earlier** to log-in, view, and/or download the records.

I also understand that I only have one attempt to download the record(s) and should not attempt to do this on any mobile device.

Any information spillage after downloading the PHIs/PIIs is of no fault of Blanchfield Army Community Hospital.

Lastly, ***I understand that failure on my part to download the records on time will result to a significant delay in re-processing time and can be charged fees.***

Patient Designee's Printed Name

Patient Designee's Signature