

MCXD-PAD

DATE:

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

Per this instrument I, \_\_\_\_\_, opt to receive my 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 my request. The passphrase will be emailed by the MRT processing my request.

Further, I understand that upon email notification 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 may result to a significant delay in re-processing time and can be charged fees.**

Patient's or Designee's Printed Name

Patient's or Designee's Signature