

Patient Consent to Use E-mail to Exchange Personally Identifiable Information

Patient Name: _____ D.O.B. _____
Parent/Guardian Name _____ E-mail Address: _____

At your request, you have chosen to communicate personally identifiable information concerning your services by e-mail without the use of encryption. Sending personally identifiable information by e-mail has a number of risks that you should be aware of prior to giving your permission. These risks include, but are not limited to, the following:

- E-mail can be forwarded and stored in electronic and paper format easily without prior knowledge of the parent.
- E-mail senders can misaddress an e-mail and personally identifiable information can be sent to incorrect recipients by mistake.
- E-mail sent over the Internet without encryption is not secure and can be intercepted by unknown third parties.
- E-mail content can be changed without the knowledge of the sender or receiver.
- Backup copies of e-mail may still exist even after the sender and receiver have deleted the messages.
- Employers and online service providers have a right to check e-mail sent through their systems.
- E-mail can contain harmful viruses and other programs.

Acknowledgement and Agreement

I acknowledge that I have read and understand the items above which describe the inherent risks of using e-mail to communicate personally identifiable information. Nevertheless,

I, _____, authorize _____ whose e-mail address is: _____ to communicate with me at my e-mail address, _____, concerning patient, _____, including but not limited to communication regarding service delivery, his/her progress and any other related matters. I understand that use of e-mail without encryption presents the risks noted above and may result in an unintended disclosure of such information.

(Optional) In addition, I give permission for members of my child’s treatment team to communicate personally identifiable information concerning my child with each other using unencrypted e-mail. Preschool team members who I give permission to use unencrypted e-mail to communicate with each other about my child include:

- (1) _____ with the e-mail address _____
- (2) _____ with the e-mail address _____
- (3) _____ with the e-mail address _____
- (4) _____ with the e-mail address _____

Patient/Guardian Signature _____ Date _____