Ellen Shaw-Smith, LICSW, BCN, LLC
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Email Communication Consent Form

Risks of using email

For the ease of our patients, our office would like to offer the opportunity to communicate by email. Transmitting patient information poses several risks and the patient should not agree to communicate with the physician via email without understanding and accepting these risks. The risks include, but are not limited to, the following:

- The privacy and security of email communication cannot be guaranteed.
- Email senders can misaddress, resulting in it being sent to many unintended recipients.
- Employers/online services may have a legal right to inspect and keep emails that pass through their system.
- Even after deletion of the email, back-up copies may exist on a computer.
- Email is easier to falsify than signed hard copies. In addition, it is impossible to verify the true identity of the sender, or to ensure that only the recipient can read the email.
- Emails can introduce viruses, generally damage, or disrupt the computer.
- Email can be used as evidence in court.

Conditions of using email

Our office will use reasonable means to protect the security and confidentiality of email information sent and received—however, we cannot guarantee the security of email communication. Thus, patients must consent to the use of email for patient information, billing, and communication. Consent to use email includes agreement with the following conditions:

- Emails to or from the patient concerning treatment may be printed in full and made part of the patient's medical record. Because they are part of the medical record, authorized individuals will have access the medical record/email (e.g. billing staff).
- Our office may forward emails *internally* to those involved, as necessary, for healthcare operations and other handling. Our therapists will <u>not</u> forward emails to independent third parties without the patient's prior written consent, except as authorized or required by law.
- Although our office will endeavor to read and respond promptly to all emails from the patient, **it is not guarantee that any particular email will be read and responded to within any particular period of time. The patient should not use email for medical emergencies or other time- sensitive matters.**
- If the patient's email invites a response from the therapist and a response is not received within a reasonable time period, it is the patient's responsibility to follow up.
- Please detail any information that the patient would not like to be communicated over email:

(The patient can add to or modify this list at any time by notifying the physician in writing.)

Our therapists are not responsible for information loss due to technical failures associated with the patient's email software or internet service provider.

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Instructions for communication by email

To communicate by email, the patient shall:

- Limit or avoid using an employer's or other third party's computer.
- Inform the therapist of any changes in the patient's email address body
- Take precautions to preserve the confidentiality of emails, such as using screen savers and safeguarding computer passwords.
- Should the patient require immediate assistance or has serious or worsening condition, the patient should not rely on email. Instead the patient should call the therapist's office for an appointment or take other measures as appropriate.

Patient acknowledgment and agreement

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communication of email between the office and me, and consent to the conditions outlined herein, as well as any other instructions that the office may impose to communicate with patients by email. I acknowledge the therapist's right to, upon the provision of written notice, withdraw the option of communicating through email. Any questions I may have had were answered.

Patient Name:_____.

Patient Email:_____.

Patient Signature:_____ Date:____/____/_____.

Therapist Signature:_____ Date:____/____/_____.