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Email Communication Agreement

I understand that Dr. Gale and her associates will use reasonable means to protect the security and confidentiality of email sent and received. To this end, I understand that if my preferred method of delivery of my minor child's evaluation report, or other confidential health information is electronic, Dr. Gale will send that information through a secure, HIPAA compliant electronic mail delivery service that will require me to use a password, or to answer a security question to open and receive. *However, there are known and unknown risks that may affect the privacy of personal health care information when using email to communicate:* These risks include, but are not limited to:

- Email can be forwarded, printed, and stored in numerous paper and electronic forms and be received by unintended recipients without my knowledge or agreement.
- Email may be sent to the wrong address by any sender or receiver.
- Email is easier to forge than handwritten or signed papers.
- Copies of email may exist even after the sender or the receiver has deleted his or her copy.
- Email service providers have a right to archive and inspect emails sent through their systems.
- Email can be intercepted, altered, forwarded, or used without detection or authorization.
- Email can spread computer viruses.
- Email delivery is not guaranteed.

I agree not to use email for emergencies or to send time sensitive information. I understand that it is my responsibility to follow up with Dr. Gale if I have not received a response to my email within a reasonable time period. Parent Initial_____

I give permission for Dr. Gale to send email messages that include patient health care information. I understand that email messages she sends or receives regarding my minor child will be included in my child's chart. I have read and understood the risks of using email as stated above and consent to electronic communication to be sent_____ (initial), received_____ (initial), or exchanged_____ (initial)

Printed Name of Patient

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Witness

Date