

Email Communication Agreement

I understand that Dr. Gale and her associates (my provider) 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, my provider 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 my provider if I have not received a response to my email within a reasonable time.

I give permission for my provider 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 understand the risk of using email as stated above and give consent to electronic communication to be sent, received or exchanged.

To be sent

To be received

To be exchanged

Name of Patient:

Name of Parent/Guardian:

Signature of Parent/Guardian:

Date:

Signature of Gale & Associates Rep.:

Date: