

Email Communication Consent Form

Name: _____
Phone#: _____ Email Address: _____
Address _____ City: _____
State: _____ Zip Code: _____

I. Risk of using email. Global Healthcare Services offer clients the opportunity to communicate via email. Transmitting client information by email has a number of risks to be considered before making a final decision regarding its use. These include but are not limited to:

- a. Email can be circulated, forwarded or stored in numerous paper and electronic files
- b. Email can be immediately broadcast worldwide and received by many intended and unintended recipients. Senders can easily misaddress an email.
- c. Backup copies may exist even after sender and/or recipient has deleted their copies
- d. Email is easier to falsify than handwritten or signed documents.
- e. Email can be intercepted, altered, forwarded or used without detection or authorization
- f. Emails can introduce viruses into computer systems
- g. Emails can be used as evidence in court.
- h. Emails can be lost in transmission

Employers and on-line services have a right to archive and inspect emails transmitted through their system.

II. Conditions for the use of email. We will use reasonable means to protect the security and confidentiality of email information sent and received; however, because of the risks outlined above, we cannot guarantee the security and confidentiality of email communication and will not be liable for improper disclosure that is not caused by our intentional misconduct. Therefore, clients will need to specifically grant permission for the use of email. Consent to the use of emails includes agreement with the following conditions:

- a. All emails to or from a client can be printed out and become a part of the file in the same way that therapy notes become part of the file.
- b. There might be other individuals such as administrative staff or medical billing staff (including procedure codes, diagnosis and financial information) who have access to these materials.
- c. We will distribute emails only as necessary with these exceptions: to third parties like attorneys, Guardians *ad Litem* and, in the case of setting up parenting plans, etc. to the other parent. Attorneys and GALS will receive information after a Release of Information is executed in our office or at the other office. **In the case of negotiating parenting plans, custody, and visitation plans, all information can/could/will be shared between the parents. Signing of this document acknowledges that.**
- d. Although our staff will endeavor to read and respond promptly to an email, we cannot guarantee that any particular email will be read and responded to within a particular period of time. In the case of emergencies-especially in the case of children-another form of communication should be used.
- e. If the client's email requires or invites a response from us and the client has not received a response within a reasonable time period, it is the client's responsibility to follow up to determine whether the intended recipient received the email and when a response might be expected.
- f. The client should not use email for communications regarding extra sensitive materials including physical health issues, mental health diagnoses, and/or substance abuse.
- g. The client is responsible for delineating their desire in writing of any information the client does not want sent via email.
- h. The client is responsible for protecting his/her password or other means of access. We are not liable for breaches of confidentiality cause by a client or other third party.

III. Instruction for communicating via email

- a. Limit or avoid use of employer's computer.
- b. Inform us in writing of changes in email address
- c. Put the clients name and purpose of email in the subject line
- d. Send a reply message or delivery receipt to us to acknowledge clients' receipt of any email.
- e. Withdraw consent to utilize email only by email or written communication.

IV. Client acknowledgement and agreement:

I acknowledge that I have read and I understand this consent form. I understand the risks as outlined above and consent to the conditions outlined above. In addition, I understand that there is a separate charge for using email, which is not reimbursable by insurance companies, and I will receive a separate billing statement for email and text messaging usage. I further waive any and all claims that may arise against Global Healthcare Services LLC, employees, contractors, interns, and practicum students resulting from the use or misuse of email.

Client Signature: _____

Date: _____

Staff Signature: _____

Date: _____