

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

### **1. RISK OF USING E-MAIL**

Transmitting information by E-mail has a number of risks that clients should consider before using E-mail. These include, but are not limited to, the following risks:

- a) It is possible that the confidentiality of such communications may be breached by a third party.
- b) E-mail can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.
- c) E-mail senders can easily misaddress an E-mail.
- d) E-mail is easier to falsify than handwritten or signed documents.
- e) Backup copies of E-mail may exist even after the sender or the recipient has deleted his or her copy.
- f) Employers have a right to inspect E-mail transmitted through their systems.
- g) E-mail can be intercepted, altered, forwarded, or used without authorization or detection.
- h) E-mail can be used as evidence in court.

**2. CONDITIONS FOR THE USE OF E-MAIL** Practices cannot guarantee but will use reasonable means to maintain security and confidentiality of E-mail information sent and received. Practice (Nurturance, LLC and Barbara Loomis) is not liable for improper disclosure of confidential information that is not caused by Practice's intentional misconduct. Patients must acknowledge and consent to the following conditions:

- a) All E-mail will usually be printed and filed in the client's medical record.
- b) Practice will not forward patient identifiable E-mails outside of the Practice without the client's prior written consent, except as authorized or required by law.
- c) The client should not use E-mail for communication regarding sensitive medical information, such as information regarding sexually transmitted diseases, AIDS/HIV, mental health, or substance abuse. Practice is not liable for breaches of confidentiality caused by the client or any third party.
- d) This consent will remain in effect until terminated in writing by either the client or Practice.

### **3. INSTRUCTIONS**

To communicate by E-mail, the client shall:

- a) Avoid use of his/her employer's computer.
- b) Put the client's name in the body of the E-mail.
- c) Key in the topic (e.g., intake form, follow up question, billing question) in the subject line.
- d) Inform Practice of changes in his/her E-mail address.
- e) Acknowledge any E-mail received from the Practice.
- f) Take precautions to preserve the confidentiality of E-mail.
- g) Protect his/her password or other means of access to E-mail.

### **4. 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 E-mail between the Practice and myself, and consent to the conditions and instructions outlined, as well as any other instructions that the Practice may impose to communicate with client by E-mail. If I have any questions, I may inquire with the Practice Privacy Officer.

I fully and forever release and discharge **Nurturance, LLC and Barbara Loomis** from and against any and all losses, claims, and liabilities arising out of or connected with the use of such E-mail.

Client Signature \_\_\_\_\_

Date \_\_\_\_\_