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## EMAIL CONSENT

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Please fill it out as completely as you can. All information will be held in strict confidence.

HIPAA regulations and my professional Code of Ethics require that I keep your Protected Health Information (PHI) private and secure. Emails are very convenient ways to handle administrative issues like scheduling or receipt requests, but Email is not 100% secure. Some of the potential risks you might encounter if we email include:

- Misdelivery of Email to an incorrectly typed address.
- Email accounts can be “hacked,” giving 3rd party access to Email content and addresses.
- Email providers (e.g., Gmail, Comcast, Yahoo, etc.) keep a copy of each Email on their servers, where it might be accessible to employees, etc.

For these reasons, I will not use Email/text to discuss clinical issues (i.e., the important things we talk about in session). I use SecureMyEmail to Encrypt Emails, which is HIPAA Compliant.

If **you are** comfortable doing so, I am happy to use Email to handle small administrative matters like scheduling, receipts, and billing.

If **you are not** comfortable with these risks, we can handle administrative issues via phone calls.

Please indicate your preference about Email below and sign.

\_\_\_\_\_ I do consent to the use of Email for administrative matters.  
Initials

\_\_\_\_\_ I do not consent to the use of Email for administrative matters.  
Initials

If given, consent will expire two years after our last appointment. Please remember appointment reminders will be sent only via Emails.

\_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Patient/Legal Guardian Signature

\_\_\_\_\_  
Date