Children's Health Council

Client Name: _____ Medical Record #: _____

Email Authorization Form

Authorization to Utilize Unencrypted Email to Communicate Protected Health Information

Thank you for your request to communicate with Children's Health Council staff via email. We want to make sure you understand that email communications between us may not be encrypted, and therefor are not secure communications. If you elect to communicate with Children's Health Council from a public network, you should be aware that your transmissions may not be private and may be intercepted by a third party and are subject to additional risks. Finally, email communications may become a part of your medical record and accessible to support staff members as needed for treatment, payment and health care operations as defined in our Notice of Privacy Practices.

Incoming email communications will be reviewed and responded to as soon as possible, however we encourage clients to call during regular business hours and leave a voicemail message with staff as an alternative when applicable.

Email communications should never be used in the case of an emergency or for urgent requests for information. Please be advised that it is always best to communicate clinical information directly with your provider over phone or in person and that email should be used only in limited circumstances.

By signing this form you are accepting the terms and conditions listed above and outlined herein for unencrypted email transmissions.

ACCEPTED

_____ _____
Client/Parent/Legal Representative Signature Printed Name

_____ _____
E-mail Address Date

_____ _____
E-mail Address (Additional) Date

DECLINED

_____ _____
Signature Date