

CLIENT E-MAIL CONSENT FORM

Client Name: _____

Client E-mail: _____

1. RISK OF USING E-MAIL

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

- a) E-mail can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.
- b) E-mail senders can easily misaddress an E-mail.
- c) Backup copies of E-mail may exist even after the sender of the recipient has deleted his or her copy.
- d) Employers and on-line services have a right to inspect E-mail transmitted through their systems.
- e) E-mail can be intercepted, altered, forwarded or used without authorization or detection.
- f) E-mail can be used to introduce viruses into computer systems.

2. CONDITIONS FOR THE USE OF E-MAIL

The OEA Clinician cannot guarantee but will use reasonable means to maintain security and confidentiality of E-mail information sent and received. The Client and OEA Clinician must consent to the following conditions:

- a) E-mail is not appropriate for urgent or emergency situations. The OEA Clinician cannot guarantee that any particular E-mail will be read or responded to.
- b) E-mail must be concise. The Client should schedule an appointment if the issue is too complex or sensitive to discuss via E-mail.
- c) E-mail communications between Client and OEA Clinician will be filed in the Client's permanent electronic case management record.
- d) The Client's messages may also be delegated to another OEA Clinician or staff member for response. Office staff may also receive and read or respond to Client messages.
- e) The OEA Clinician will not forward Client-identifiable E-mails outside of FIU without the Client's prior written consent, except as authorized or required by law.
- f) The Client should not use E-mail for communication regarding sensitive medical information.
- g) It is the Client's responsibility to follow up and/or schedule an appointment if warranted.
- h) Recommended uses of Client-to-Clinician, E-mail should be limited to:
 1. Appointment requests
 2. Requests for information or updates/exchanges of non-critical information such as referrals or community resources.
 3. Non-urgent health care questions

3. INSTRUCTIONS

To communicate by E-mail, the Client shall:

- a) Consider use of his/her employer's computer.
- b) Put the Client's name in the body of the E-mail
- c) Put the topic (e.g. referral information) in the subject line
- d) Inform the OEA Clinician of changes in the Client's E-mail address.
- e) Take precautions to preserve the confidentiality of E-mail
- f) Contact the OEA Clinician's office via conventional communication methods (phone, fax, etc...) if the Client does not receive a reply within a reasonable period of time.

4. CLIENT ACKNOWLEDGEMENT 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 OEA Clinician and me. I consent to the conditions and instructions outlined here, as well as any other instructions that the OEA Clinician may impose to communicate with me by E-mail. I agree to use on the pre-designated e-mail address specified above. Any questions I may have had were answered.

Your signature below indicates that you have read and understand the information contained in this Explanation of Services.

Client

Date

Client

Date

Legal Guardian (if applicable)

Date