

Family Guidance Center

Client Email Consent Form

As a patient of Family Guidance Center, you may request that we communicate with you via email. We will make every effort to reasonably comply with your request to receive communications via email; however, we reserve the right to deny any request for email communications when it is determined that granting such a request would not be in your best interest.

PLEASE READ THIS INFORMATION CAREFULLY

Family Guidance Center staff will make every effort to promptly respond to your requests for information via email; however, if you are experiencing an emergency, you should never rely on email communications and should seek immediate medical attention.

The Risks of Using Email

Transmitting patient information by email can be risky. Please consider the following possibilities before agreeing to communicate with us this way, or giving consent to email personal health information to other individuals, healthcare providers, etc. For example, both secured and unsecured email messages can be intercepted, circulated, altered, forwarded, stored or used without authorization or detection. In addition, messages may be misaddressed, read by employers and online service providers, easily falsified, retained after deletion, used to introduce viruses, or used as evidence in court.

If you want to use email to communicate with us, we have some final instructions.

- We cannot guarantee your emails will be read promptly, so please do not use email for urgent matters.
- Be sure to follow-up with us by phone if you are expecting a return response from us and do not receive one within 2 business days.
- Please notify us promptly if your email address has changed.
- Be aware that most emails from patients become a part of their health record.
- Please do not use e-mail for communications regarding sensitive health information, such as sexually transmitted diseases, AIDS/HIV, mental health or substance abuse.
- E-mail is best suited for routine matters and simple questions such as notifications and reminders.

I understand the risks associated with communicating by email, and give my consent for the practice to email my personal health information.

If I have any questions, I will contact the Family Guidance Center's HIPAA Privacy Officer.

Client Signature: _____ Date of Birth: _____

Print Name: _____

Email Address: _____

Parent/Legal Guardian Signature/For Clients under 14

Date