

Behavioral Pediatric & Family Therapy Program

Patient E-Mail / Texting Informed Consent

Our practice utilizes e-mail communication as an avenue to deliver telehealth invitations. E-mail and text messages are not for therapeutic communication. Such communications create risks to your confidentiality.

Risks of Using E-mail and Text Communication

The transmission of patient information by e-mail and/or texting has a number of risks that patients should consider prior to the use of e-mail and/or texting. These include, but are not limited to, the following risks:

- ✓ E-mails and texts can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.
- ✓ E-mails and text senders can easily misaddress a message and send the information to an undesired recipient.
- ✓ Backup copies of e-mails and texts may exist even after the sender and/or the recipient has deleted his or her copy.
- ✓ Employers and on-line services have a right to inspect e-mails sent through their company systems.
- ✓ E-mails and texts can be intercepted, altered, forwarded or used without authorization or detection.
- ✓ E-mails and texts can be used as evidence in court.
- ✓ E-mails and texts should be assumed to be unencrypted; therefore, it is possible that the confidentiality of such communications may be breached by a third party.

Conditions for the Use of E-mail and Text Communication

Behavioral Pediatric & Family Therapy Program cannot guarantee, but will use reasonable means to maintain security and confidentiality of e-mail and text communication sent and received. Behavioral Pediatric & Family Therapy Program is not liable for improper disclosure of confidential information that is not caused by intentional misconduct. Patient/responsible party must acknowledge and consent to the following conditions:

- ✓ E-mail and texting is not appropriate for urgent or emergency situations. Provider cannot guarantee that any particular e-mail and/or text will be read and responded to within any particular period of time.
- ✓ E-mail and texts should be concise. The patient/responsible party should call and/or schedule an appointment to discuss complex and/or sensitive situations.
- ✓ E-mails may be printed and filed into the patient's medical record. Texts may be printed and filed, as well.
- ✓ Provider will not forward patient's/responsible party's identifiable e-mails and/or texts without the patient's/responsible party's written consent, except as authorized by law.

- ✓ Patients/responsible parties should not use e-mail or texts for communication of sensitive personal information.
- ✓ Provider is not liable for breaches of confidentiality caused by the patient/responsible party or any third party.

Patient / Responsible Party Acknowledgement and Agreement

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with communication using e-mail and/or texts between Behavioral Pediatric & Family Therapy Program and me, and consent to the conditions as outlined, as well as any other instructions that may be imposed to communicate with me by e-mail or text.

PLEASE FILL OUT COMPLETELY

Patient / responsible party is responsible for updating the information on this form if it changes.

Patient Name

E-Mail Address

Mobile Number 1

Mobile Number 2

_____ I do NOT consent to the use of e-mail or text message communications.

Signature of Patient / Responsible Party

Date

Printed Name of Patient / Responsible Party