CHILDREN'S HEALTH COUNCIL

Client Name: _____ Client #: _____

Email Authorization Form

Authorization to Utilize Unencrypted Email to Communicate Protected Health Information

Thank you for your request to communicate with me and Children's Health Council via email. We want to make sure you know that email communications between us are not encrypted and therefore are not secure communications. If you elect to communicate with Children's Health Council from your workplace computer, you also should be aware that your employer and its agents may have access to email communications between us. Finally, email communications may become a part of your client medical record and be accessible to my clinical support staff as needed for our operations.

Incoming email communications will be reviewed and responded to as soon as possible. If you have not heard from me with a response and are concerned we may not have received the message, please call the office during regular business hours.

Email communication should never be used in the case of an emergency or for urgent requests for information.

If you agree to the foregoing terms, please indicate that by signing this form you accept the terms and conditions outlined herein.

ACCEPTED [ ]

_____ _____
Signature Printed Name

_____ _____
E-mail Address Date

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