



Communication Consent Form for Email and Other Non-Secure Means

It may become useful during the course of treatment to communicate by email or other electronic methods of communication. Be informed that these methods, in their typical form, are NOT confidential means of communication. If you use these methods to communicate with Children's Theraplay staff, there is a reasonable chance that a third party may be able to intercept these messages. The kinds of parties that may intercept these messages include, but are not limited to:

- People in your home or other environments who can access your phone, computer, or other devices that you use to read and write email messages
- Your employer, if you use your work email to communicate with Children's Theraplay staff
- Third parties on the internet such as server administrators and others who monitor internet traffic

CONSENT FOR TRANSMISSION OF PROTECTED HEALTH INFORMATION BY NON-SECURE MEANS

I consent to allow Children's Theraplay staff to use unsecured email to transmit to me the following protected health information:

- Information related to the scheduling of appointments
- Information related to billing and payment
- Patient information such as patient reports, physician details, treatment information, and other information that arises as a result of ongoing therapy

I have been informed of the risks, including but not limited to confidentiality breach, of transmitting my child's protected health information by unsecured means such as email. I understand that I am not required to sign this agreement in order for my child to receive treatment. I understand that I may terminate this consent, at any time but not retroactively, by filling out an Email Consent Termination Form.

Parent Signature

Patient Name

Preferred Email Address (PLEASE PRINT)

Date

Relationship to Patient