

Request for Unencrypted Email Form

Client's Name: _____ **Date of Birth:** _____
(first name last name) (mm/dd/yy)

Printed name of client's representative: _____ **Relationship:** _____

SECURE EMAIL COMMUNICATIONS Child and Family Development sends email containing Protected Health Information (PHI) in a secure encrypted format.

REQUEST FOR UNENCRYPTED EMAIL COMMUNICATION On occasion, a client may request to receive information by an unsecure and unencrypted email method. In those instances, communication is intended for brief exchange of information with limited disclosure of PHI.

CHECK ALL (4) BOXES TO INDICATE CONSENT AND UNDERSTANDING

- I understand that Protected Health Information (PHI), such as names, addresses, phone numbers, and insurance information could be read or otherwise accessed by a third-party while in transit. Privacy and security are not guaranteed. Emails may be forwarded, intercepted, stored and changed. Emails are indelible, as known or unknown back-up copies may be stored on a computer or cyberspace. I understand these risks and accept responsibility associated with unsecure email communications.
- I understand that unencrypted emails from Child and Family Development will contain minimum information necessary and will be de-identified as much as possible.
- I understand that unencrypted emails are only sent to my personal email address(es).
- I understand that Child and Family Development is not liable for any difficulties related to unsecure transmissions, including but not limited to technical failure and transit loss.

EXCHANGE OF INFORMATION

Personal email address:	
Exchange information pertaining to appointments/ scheduling (indicate yes or no)	
Medical Records (Requested documents must be specified. List the name and date of the document.)	

X _____
Signature of client or client's representative **Date**