

## The Human Relations Service

### Email Informed Consent\*

In order to communicate with you by email, we need to make sure you are aware of the confidentiality and other issues that arise when we communicate this way and to document that you are aware of these and agree to them. Please sign the form below and return it to your therapist.

Note: if you are a parent signing permission to communicate about your children, we need a separate consent form for each child.

I understand that all e-mail messages are sent over the Internet and are not encrypted, are not secure, and may be read by others. I understand that my e-mail communications with Human Relations Service (HRS) staff will NOT be encrypted and, therefore, neither my therapist(s) nor HRS can guarantee the confidentiality and security of any information I send to anyone at HRS or that they send to me via e-mail. I have also discussed HRS's guidelines for the use of e-mail with my therapist(s) and I understand and agree to the parameters stated in those guidelines. I have read and understand the Frequently Asked Questions sheet regarding the use of e-mail at HRS. I hereby give permission for all my present and future HRS therapists to reply to my messages via e-mail, including any information that they deem appropriate, that would otherwise be considered confidential. I agree that HRS and any employees or agents of HRS shall not be liable for any breach of confidentiality that may result from this use of e-mail via the Internet. I understand that e-mail communication should not be used for urgent or sensitive matters since technical or other factors may prevent a timely answer. If I believe I need a response within 48 hours, I will not use e-mail but will call my therapist. If I do not receive an answer to a routine e-mail message within two working days, I understand that I should call my therapist. I understand that all e-mail communications may be made part of my permanent medical record and would be accessible to all current and future HRS therapists involved in my care. I also understand that I may withdraw permission for therapists to communicate with me via e-mail by notifying my therapist in writing.

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Client's Signature

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Parent/guardian's Signature (if client is a minor):

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Date

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\* Throughout, the phrases "my therapist" and "my therapist(s)" should be understood to also mean "my child's therapist" and "my child's therapist(s)," respectively, if the client is a minor.