

### **Email Communication Agreement**

Email communication provides for a fast and easy way to communicate for those issues that are non-emergent, non-urgent or non-critical. It is not a replacement for the interpersonal contact that is the very basis of the patient-therapist relationship, but can be useful for scheduling and logistics.

The following summarizes the information you need to determine whether you wish to supplement your experience in my practice by electronically communicating.

#### **General Considerations**

Email communication will be considered and treated by Dr. Yumi Hiraga, with the same degree of privacy and confidentiality as written medical records. Dr. Hiraga will use reasonable means to protect the security and confidentiality of email sent and received. However, there are known and unknown risks that may affect the privacy of personal health care information when using email to communicate. These risks include, but are not limited to the following:

- Standard email communication services, such as Gmail, AOL, Yahoo and Hotmail are not secure. This means that the email messages are not encrypted and can be potentially intercepted and read by unauthorized individuals
- Email can be forwarded, printed, and stored in numerous paper and electronic forms and be received by unintended recipients without my knowledge or agreement.
- Email may be sent to the wrong address by any sender or receiver.
- Email is easier to forge than handwritten or signed papers.
- Copies of email may exist even after the sender or the receiver has deleted his or her copy.
- Email service providers have a right to archive and inspect emails sent through their systems.
- Email can be intercepted, altered, forwarded, or used without detection or authorization.
- Email can spread computer viruses.
- Email delivery is not guaranteed.

#### **Patient Responsibilities**

- **Email messages should not be used for emergencies or time sensitive situations.** In the event of a medical emergency, you should **immediately call 911**. For other types of time sensitive situations, you should contact my practice by phone (206-729-2829 x3).
- Email messages should be concise. Please arrange for an office appointment if the issue is too complex or sensitive to discuss via email. Email use is best limited to details regarding scheduling. Clinical impressions and advice are not given over email.
- I understand that it is my responsibility to follow up with Dr. Hiraga if I have not received a response to my email within a reasonable time period.

I have read and understood the above description of the risks and responsibilities associated with electronic communication with Dr. Hiraga.

I acknowledge that commonly used email services are not secure and fall outside of the security requirements set forth by the Health Insurance Portability and Accountability Act for the transmission of protected health information.

If I have questions regarding this document, I will speak with Dr. Hiraga prior to signing.

In consideration for my desire to use electronic communication as an adjunct to in-person office visits with Dr. Hiraga, I hereby consent to electronic communication via non-secure email services. I give permission for Dr. Hiraga to send email messages that include patient health care information. I understand that email messages she sends or receives regarding the patient may be included in the patient's chart.

I understand that I may revoke my consent to communicate electronically at any time by notifying Dr. Hiraga in writing at the address above, but if I do, the revocation will not effect on actions Dr. Hiraga has already taken in reliance on my consent.

I agree and release my provider and her practice from any and all liability that may occur due to electronic communication over a non-secure network.

I further agree to be held accountable and to comply with the patient responsibilities as outlined in this agreement.

Client Name: \_\_\_\_\_

Client Date of Birth: \_\_\_\_\_

Clients Over 13 Years Old

\_\_\_\_\_ Patient Authorized Email Address (please print)

\_\_\_\_\_ Patient Name (Print)

\_\_\_\_\_ Patient Signature & Date

PARENT (if applicable)

\_\_\_\_\_ Parent Authorized Email Address (please print)

\_\_\_\_\_ Parent Name (Print)

\_\_\_\_\_ Parent Signature & Date