

Life Enrichment Center LLC
Consent for Health Information
to be Communicated by Electronic Mail

Parent/Legal Guardian Name: _____

Patient Name: _____ Date of Birth _____

By signing below, I expressly permit Life Enrichment Center LLC staff, at its discretion, to communicate PHI for the above named patient, via email at the following email address:

Email Address: _____

Confirm email address: _____

LEC may on occasion send encrypted emails when it is deemed that the information is of a highly sensitive nature. To insure your ability to open encrypted emails please choose a password that you will remember (choose a password that will be used only for this purpose). If you prefer to get a cell phone message with a code please enter the cell phone number: (If you leave the information blank below we will not send encrypted emails).

Choose ONE:

Password: _____ Cell phone: _____

1. E-MAIL RISKS AND YOUR RESPONSIBILITY

At the discretion of Life Enrichment Center LLC, its employees, medical staff, and agents (LEC) and upon your agreement to the terms outlined within this consent form, LEC may use e-mail to communicate with you. These emails may contain your or your child's personal health information. If you agree to permit LEC to use e-mail to communicate with you, you should be aware of the following risks and/or your responsibilities:

a) As the Internet is not secure or private, unauthorized people may be able to intercept, read and possibly modify email you send or are sent by LEC.

b) You must protect your e-mail account, password and computer against access by unauthorized people.

c) Since e-mail can be used to spread viruses, some which cause e-mail messages to be sent to people who you do not intend to send e-mail messages to, you should install and maintain virus protection software on your PC.

d) Since e-mails can be copied, printed and forwarded by people to whom you send e-mails, you should be careful regarding whom you send e-mails.

2. CONDITIONS FOR THE USE OF E-MAIL

By consenting to the use of e-mail with LEC, you agree that:

- a) LEC may forward e-mails as appropriate for diagnosis, treatment, reimbursement, and other related reasons. As such, LEC employees, medical staff and agents, other than the recipient, may have access to e-mails that you send. Such access will only be to such persons who have a right to access your e-mail to provide services to you. Otherwise, LEC will not forward e-mails to independent third parties without your prior written consent, except as authorized or required by law.
- b) Although LEC will try to read and respond promptly to your e-mails, LEC staff may not read your e-mail immediately. Therefore, you should not use e-mail to communicate with LEC if there is an emergency or where you require an answer in a short period of time.
- c) If your e-mail requires or asks for a response, and you have not received a response within a reasonable time period, it is your responsibility to follow up directly with LEC.
- d) You should carefully consider the use of e-mail for the communication of sensitive medical information, such as, but not limited to, information regarding sexually transmitted diseases, AIDS/HIV, mental health, developmental disability, or substance abuse.
- e) You should carefully word your e-mail messages so that the information that you provide clearly describes the information that you intend to convey.
- f) You are responsible for correcting any unclear or incorrect information, including a change in the above noted email address.
- g) LEC reserves the right to save your e-mail and include your e-mail or information contained within your e-mail in your/your child's medical record.
- h) It is the patient's/parent's/legal guardian's responsibility to follow up and/or schedule an appointment if warranted or recommended by LEC.
- i) E-mails may not be the only form of communication that LEC will use to communicate with you. Additionally, LEC may decide that it is not in your/your child's best interest to continue to communicate with you by e-mail. In such case, LEC will notify you that it no longer intends to communicate with you by e-mail.

3. INSTRUCTIONS

- a) You shall immediately inform those individuals with whom you communicate with at LEC of changes in your e-mail address.
- b) You shall put the patient name and date of birth (used to verify your identity) in the body of the e-mail.
- c) Prior to sending the e-mail, you shall review the e-mail to make sure it is clear and that all relevant or requested information is provided.
- d) If you wish to withdraw your consent to communicate by e-mail, you must send an e-mail to all of the e-mail addresses (mailboxes) that you had previously communicated with.

4. ACKNOWLEDGMENT AND AGREEMENT

LEC will use reasonable means to protect the privacy of the patient's health information. However, because of the risks outlined above, LEC cannot guarantee that e-mail will be confidential. Additionally, LEC will not be liable in the event that you or anyone else inappropriately uses or accesses your e-mail. LEC will not be liable for improper disclosure of your health information that is not caused by LEC's intentional misconduct.

Electronic Communication Authorization
Signature Page

This Authorization applies to Check One:

All Email communications Only Appointment Reminders

(If you choose "Only Appointment Reminders" LEC staff will not respond to your emails).

You may also give additional authorization for the use of text messaging below.

(Without authorization we will not respond to text messages).

In addition I authorize the use of Text messages for scheduling reminders and any communications initiated by me. I understand the risks to my privacy imposed by the use of text messages.

By signing to below, I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communications of e-mail and/or text between LEC and me, and consent to the conditions outlined herein, as well as any other instructions that LEC may impose to communicate with me by e-mail and/or text. Any questions I may have had were answered. I understand that this consent is valid until such time as I revoke the consent as outlined above, except to the extent that a person who is to make a communication has already acted in reliance upon this authorization.

Parent/Legal Guardian Signature _____

Date _____

LEC Representative Signature: _____