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AUTHORIZATION FOR USE OF NON-SECURE EMAIL

Patient Information

Name:	Date of Birth:
Email Address:	Phone:

Risks of using non-secure email:

Transmitting patient information by email has a number of risks that should be considered. These include, but are not limited to, the following:

- The privacy and security of non-secure email cannot be guaranteed.
- Email can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.
- Email senders can easily misaddress an email.
- Employers and on-line services have a right to inspect email transmitted through their systems.
- Email can be intercepted, altered, forwarded, or used without authorization or detection.
- Backup copies of email may exist even after the sender or the recipient has deleted his or her copy.
- Email can be used to introduce viruses and other malware into computer systems.

- Email must be concise. An appointment should be scheduled if the issue is too complex or sensitive to discuss via email.
- All email will usually be printed and filed in the Patient's medical record.
- The Provider may forward email to other staff members for response. Therefore, other staff members may read email.
- MHS will not forward email containing protected health information outside of our clinic without the Patient's/Parent's prior written consent, except as authorized or required by law.
- MHS is not liable for breaches of confidentiality caused by the Patient/Parent or any third party.
- It is the Patient's/Parent's responsibility to follow up and/or schedule an appointment if warranted.

Conditions for the use of non-secure email:

Mental Health Solutions (MHS) cannot guarantee but will use reasonable means to maintain security and confidentiality of email information sent and received. The Patient/Parent must consent to the following conditions:

- Email is not appropriate for urgent or emergency situations. MHS cannot guarantee that any particular email will be read or responded to within any particular period of time.
- If the email invites a response from the Provider and a response is not received within a reasonable time period, it is the Patient's/Parent's responsibility to follow up.

Instructions for using non-secure email:

To communicate by email, the Patient/Parent shall:

- Avoid the use of his/her employer's computer.
- Put the Patient's name in the body of the email.
- Put the topic in the subject line.
- Inform MHS of changes in his/her email address.
- Take precautions to preserve the confidentiality of email.

By signing this authorization, I acknowledge that I have read and fully understand the above information. I understand the risks of communication by non-secure email and consent to the conditions and instructions outlined above. In accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPPA), I request and authorize Mental Health Solutions to communicate with me through non-secure email. I release and discharge Mental Health Solutions and its directors, providers, and employees from and against any and all losses, claims, and liabilities arising out of or connected with the use of non-secure email. This authorization will remain in effect until terminated through written notice by either party. Any questions I may have had were answered.

Signature of Client (14 and older): _____ Date: _____

Printed Name of Authorized Person: _____

Signature of Authorized Person: _____ Date: _____

If signed by a person other than the patient, stated authority to do so:

- Legal Authority
 Legal Guardian
 Next of Kin
 Parent of Minor
 Power of Attorney