

**CONSENT FOR EMAIL
COMMUNICATION**

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I will be happy to respond to your emails within reason, but to do so you must provide your specific consent, recognizing that email is not a secure form of communication. There is some risk that any protected health information that may be contained in an email may be disclosed to, or intercepted by unauthorized third parties. I will use the minimum necessary amount of protected health information to respond to your query.

Communication technologies must never replace the crucial interpersonal contacts that are the very basis of the patient-psychologist relationship and our therapeutic alliance. Patient-psychologist electronic mail is defined as computer-based communication between psychologists and patients within a professional relationship, in which the psychologist has taken on an explicit measure of responsibility for the patient's care. These guidelines do not address communication between psychologists and consumers in which no ongoing professional relationship exists, as in an online discussion group or a public support forum.

Note: I do not text message patients. Email and facsimile are the only acceptable forms of electronic contact in our patient-psychologist communications.

Communication Guidelines:

Encrypted messages are the most protected form of communication, however, I do not presently use an encrypted program.

My computers are password protected.

I will return email as soon as possible, typically within 24 hours of receipt during business hours. However, you are responsible for following up with me or my assistant if you have not received a response.

If I am on vacation, email may or may not be returned until I return. I will have a practitioner on call for emergencies, but you will need to call my office for that information.

Effective upon the signing of this document, all email communication between you and me will be retained either by paper or electronically for the term applicable to paper records. I will back-up all communication regularly.

Therapeutic communication (sensitive subject matters) should be kept at a minimum. Please call to set up an appointment for therapeutic matters.

While email correspondence may be used to initiate our professional relationship, it shall not be used to establish and maintain a patient-psychologist's therapeutic relationship. Email should supplement other, more personal encounters. Without the benefit of face-to-face interaction, email can be misinterpreted in tone and meaning.

Email communication to change an appointment is acceptable. Again, you are responsible for following up with me or my assistant if you have not received a response.

Please put in the subject line the nature of the communication (e.g., appointment, advice, billing question), and make sure your name and/or identifying information about the patient is in the body of the message.

Please be concise in your email. If the matter cannot be written in a concise fashion, please call to schedule an appointment.

I will also send you a message to inform you of completion of a request.

You will be reminded if you do not adhere to these guidelines, and if necessary, I will terminate the email relationship.

Your email will not be forwarded to a third party without your expressed permission, unless you have already signed a separate release for me to communicate with a professional.

Your email address will not be used for any marketing purposes.

My assistant and I are the only ones with access to my email.

I will double-check all "To" fields prior to sending messages.

Your INFORMED CONSENT for email communication indicates that you have read and understand the items below:

A. General email risks include but are not limited to the following:

- Email can be immediately broadcast worldwide and received by many intended and unintended recipients;
- Recipients can forward email messages to other recipients without the original sender's permission or knowledge;
- Users can easily send an email to the incorrect address;
- Email is easier to falsify than handwritten or signed documents;
- Backup copies of email may exist even after the sender or the recipient has deleted his or her copy.

B. Specific email risks include but are not limited to the following:

- Email containing information pertaining to a patient's diagnosis and/or treatment must be included in the patient's medical records, thus, all individuals who have access to the medical record will have access to the email messages;
- If you are sending your email from your employer's computer, your employer does have access to your email;
- While it is against the law to discriminate and Georgia subscribes to the "no cause" termination policy, an employer who has access to your email can use the information to discriminate against you, the employee. Additionally, the employee could suffer social stigma from a workplace disclosure;
- Insurance companies who learn of your Personal Health Information (PHI) could deny you coverage;
- Although I endeavor to read and respond to email correspondence promptly, I cannot guarantee that any particular email message will be read and responded to within any particular time frame.

C. Condition for use of email:

All email sent or received that concern your diagnosis or treatment or that are part of your medical record will be treated as part of your PHI. Reasonable means will be used to protect the security and confidentiality of the email. Because of the risks outlined above the security and confidentiality of email cannot be guaranteed, your consent to email correspondence includes your understanding of the following conditions:

- Since employers do not observe an employee’s right to privacy in their email system, you should not use your employer’s email system to transmit or receive confidential email;
- All email to and from you concerning your PHI will be a part of your file and could be viewed by health care and insurance providers, and my assistant;
- Your email will **not** be forwarded outside the office without your consent or as required by law;
- Though all efforts will be made to respond promptly this may not be the case. Because the response cannot be guaranteed, please do not use email in a medical emergency;
- You are responsible for following up with the me or my assistant if you have not received a response;
- Medical information is sensitive and unauthorized disclosure can be damaging. You should not use email for communications concerning diagnosis or treatment of AIDS/HIV infection, other sexually transmissible diseases, mental health, and developmental disability or substance abuse issues;
- I will take reasonable steps to ensure that all information shared through email is kept private and confidential. However, John R. Paddock, Ph.D., ABPP, LLC is not liable for improper disclosure of confidential information that is not a result of our negligence or misconduct. Patient information is protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. 1320 et seq. 45 C.F.R. Parts 160 & 164, and the Confidentiality Law, 42 U.S.C. 290dd-2, 42 C.F.R part 2 Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate any alcohol or drug abuse.

INFORMED CONSENT

- If you consent to the use of email, you are responsible for informing me of any type of information that you do not want sent to you by email other than the information detailed in Section B;
- You are responsible for protecting your password and access to your email account and any email you send or you receive from John R. Paddock, Ph.D., ABPP, LLC or his assistant, to ensure your confidentiality. I will not be held liable if there is a breach of confidentiality caused by a breach in your account security;
- Any email or facsimile that you send that discusses your diagnosis or treatment constitutes informed consent to the information being transmitted. If you wish to discontinue emailing information, you must submit written consent or an email informing me and/or my assistant that you are withdrawing consent to email information.

Yes, I have read the above and consent to unencrypted, but confidential email correspondence.

No, I am not interested in email correspondence.

Patient Signature _____ Date _____

Patient Printed Name _____

Signature _____ Date _____

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