

Consent to Use E-mail to Exchange Personally Identifiable Information

Client Name:	Date of Birth:
Responsible Party Name:	Date:

Your signature below is your request to communicate personally identifiable information concerning your / your child's services by e-mail without the use of encryption. Sending personally identifiable information by e-mail has a number of risks that you should be aware of prior to giving your permission. These risks include, but are not limited to, the following:

- E-mail can be forwarded and stored in electronic and paper format easily without prior knowledge of the Client or other responsible party.
- E-mail senders can misaddress an e-mail and personally identifiable information can be sent to incorrect recipients by mistake.
- E-mail sent over the Internet without encryption is not secure and can be intercepted by unknown third parties.
- E-mail content can be changed without the knowledge of the sender or receiver.
- Backup copies of e-mail may still exist even after the sender and receiver have deleted the messages.
- Employers and online service providers have a right to check e-mail sent through their systems.
- E-mail can contain harmful viruses and other programs.

Acknowledgement and Agreement

I acknowledge that I have read and understand the items above that describe the inherent risks of using e-mail to communicate personally identifiable information. Nevertheless, I authorize Lisa A. Lenhart, PhD to communicate with me at my e-mail address concerning services provided to me / my child, including but not limited to, communication regarding service delivery, progress towards goals, and any other related matters. I understand that use of e-mail without encryption presents the risks noted above and may result in an unintended disclosure of such information.

I further agree that I will not use e-mail to communicate with TLC, and will use other means of communication (e.g., telephone, in-person visit, etc.) for the following:

- Emergencies or other time-sensitive issues that require immediate action
- Inquiries that deal with sensitive information

I understand that Lisa A. Lenhart, PhD will make a reasonable attempt to return all e-mail messages received within two (2) business days; however, if I do not receive a response by the close of business on the second business day following my e-mail communication, I agree to use other means of communication to contact her. I further understand that e-mail communications is offered as a convenience to me, and agree to not hold Lisa A. Lenhart, PhD responsible for any expense, loss, or damage caused by or resulting from the following:

- A delay in response, or any damage resulting from such delay, due to, but not limited to, the following: therapist absence, therapist inability to respond, technical failures attributable to internet service provider, power outages, failure of electronic messaging software, failure by therapist or me to properly address e-mail messages, failure of computers / computer network, or faulty telephone / cable data transmission
- Any interception of my or therapist's e-mail communications by a third party
- My failure to comply with the guidelines regarding use of e-mail communications set forth above

Client / Responsible Party E-Mail Address

Client / Responsible Party Signature

Date