HAMHDS recognizes that email communication may be the most efficient and preferred method of communication for some clients and families. Federal regulations mandate that we protect your health information and emails sent over the open web are not secure. Therefore, HAMHDS has acquired a method that will allow us to communicate with you through an encrypted and tightly secured server called MOVEit DMZ. MOVEit protects emails from being intercepted and read by third parties to whom the email is not directed. However, there are still potential privacy risks associated with email communication. Risks include:

- Numbers and letters in email addresses can be easily transposed resulting in email being delivered to the wrong person or not being delivered at all.
- Email messages can be altered and/or forwarded to unintended recipients resulting in re-disclosure to others.
- Someone else may have access to a client’s email account
- Backup copies of email may exist even after the sender or recipient has deleted his/her copy.
- Email is discoverable in legal proceedings.

HAMHDS may use email for coordinating appointments, coordinating treatment and providing general information about services. Email will not be used in emergency situations. Emails sent to HAMHDS will not be checked in any specific time frame and time sensitive matters should be communicated by phone. Email communications do become a part of your medical record. It is your responsibility to notify your treatment provider if and when the email address changes. Detailed instructions for using HAMHDS’s secure email are available from your treatment provider.

As the person signing this consent, I am acknowledging that I have reviewed the privacy risks associated with emailing and I am choosing to allow email communication.

_______________________________       ______________
Client Name                                                 Client #

_______________________________       ______________
Client Signature                                            Date

_______________________________       ______________
Client’s Parent or Authorized Representative Signature       Date