



## Consent for Electronic Communication

The undersigned client\* or responsible adult\*\* consents to and authorizes Didi Hirsch Mental Health Services staff to use secure email to communicate with me for the following purposes:

- Scheduling appointments
- Sending reminders of appointments and/or treatment instructions

Other (List Specifically)

### The undersigned understands:

1. Email should never be used for emergency purposes. The email system does not have a 24-hour monitoring services nor can the system guarantee delivery of email messages in a timely manner. In the case of emergency, please dial 911.
2. Consenting to the use of secure email is at the Client/Guardian's request.
3. Email will never be used for diagnostic or treatment purposes and requests to be assessed or treated through email will not be honored.
4. Email is not an instant messaging system. There will likely be a delay, up to several days, between the time I submit an email and the point at which my treating provider reads and responds to the email. I will not know if the information in the email has been seen, and I cannot anticipate when I will receive a response.
5. By signing this consent, I agree to allow Didi Hirsch Mental Health Services staff to send information about my mental health condition and care via secure email.
6. Information sent via email may assist mental health staff in treatment and scheduling.
7. The ability to use email may be rescinded by me or mental health staff at any point in which I or mental health staff believe email is not the most appropriate means of communication for me.
8. Any unauthorized use of email should be reported to mental health staff as soon as possible.
9. Although the email will be sent through a secure means, there is a risk that an email intended for me may be inadvertently sent to the wrong email address.



**Acknowledgement and Agreement:**

I have read this document and understand the above information. By signing this document, I acknowledge consent to the use of electronic communication for the purposes described above. I understand that this form of communication is not secure and my PHI may be at risk of receipt by unauthorized individuals. I understand the inherent risk that email communication may not be secure and I accept the risk and will not retaliate against Didi Hirsch in any way should this occur. I also understand this consent may be rescinded by either me or Didi Hirsch at any time.

**Due to COVID-19 crisis and practice of social distancing, client/responsible adult is unavailable to provide physical signature. Content of this document was reviewed verbally with client/responsible adult and client's/responsible adult's consent and understanding affirmed verbally, as noted by checked box.**

**Client Signature:** \_\_\_\_\_

**Email Address**

**Signature of Responsible Adult** \_\_\_\_\_

**Relationship to Client:** \_\_\_\_\_

**This Consent was interpreted in (language for the client and/or responsible adult)**

**If a translated version of this Consent was signed by the client and/or responsible adult, the translated version must be attached to the English version.**

**The above information including email address has been confirmed to be legible by (First Name and Last Name of Didi Hirsch Staff)**

Signatory	_____	was given	_____	declined a copy of this this two page consent	_____	on	_____
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**Due to COVID-19 crisis, this consent was mailed/mailed to client/responsible adult at client's request.**



**This section must be completed by Staff if consent is withdrawn.**

Client had previously provided consent but now wishes to withdraw consent. Staff has withdrawn consent on \_\_\_\_\_ This is due to:

**Staff Printed Name:**

**Staff Signature:**

**Date:**

**SECURE EMAIL INFORMATION**

What is secure email and why is it used?

Regular email is sent as clear text that could potentially be intercepted by an unauthorized source and result in a security breach. Typically, senders encrypt messages to prevent important or confidential information from getting into the wrong hands. Encryption is the process of transforming information using a special computer program that will make it unreadable to anyone except those that are intended to have authorization to access the confidential data.

Often, when individuals or organizations send encrypted email, they want to protect confidential information for the benefit of the recipient. In some cases, senders are required to maintain confidentiality because of government regulations or statutes.

The Health Insurance Portability and Accountability Act (HIPAA) includes email security and privacy regulations requiring all individually identifiable health care information be protected to ensure privacy and confidentiality when stored, maintained or transmitted electronically. Any email containing electronic Protected Health Information (ePHI) sent via email over the Internet must be secured.

Didi Hirsch Secure Email will enable clients to communicate easily and securely with Didi Hirsch workforce members. There is no cost for clients associated with Didi Hirsch Secure Email.

**How does a secure email look and how can it be read?**

When a secure email is sent, the recipient will receive the following files:

1. Notification email message: The notification message indicates that someone has sent a secure, encrypted message in the form of a Registered Envelope.
2. If this is the 1st time receiving encrypted email from Didi Hirsch Mental Health Services, you must create an account that will not only allow the recipient to read encrypted email, but to send or reply to emails in a secure and encrypted format.



What happens if I choose not to consent to the use of secure email? Without the consent for email, Didi Hirsch Mental Health Services staff will not initiate emails with clients or offer clients their email address as a mode of communication. If a client initiates email with a Did Hirsch Mental Health Services staff member, without a written consent, the staff will respond to the client via other means of communication (e.g., telephone or mail).

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Staff Signature / Print Name/Title:

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Date

**This confidential information is provided to you in accordance with State and Federal laws and regulations, including but not limited to applicable Welfare and Institution Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the participant/authorized representative to whom it pertains unless otherwise permitted by law.**