



Client Email Informed Consent Form

1. **Risks of using email**

The transmission of client information by email has a number of risks that clients should consider prior to the use of email. These include, but are not limited to, the following risks:

- a. Email can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.
- b. Email senders can easily misaddress an email and send the information to an undesired recipient.
- c. Backup copies of email may exist even after the sender and/or the recipient has deleted his or her copy.
- d. Employers and on-line services have a right to inspect emails sent through their company systems.
- e. Emails can be intercepted, altered, forwarded or used without authorization or detection.
- f. Email can be used as evidence in court.
- g. Emails may not be secure and therefore it is possible that the confidentiality of such communications may be breached by a third party.

2. **Conditions for the use of email and texts**

Express Medical Experts cannot guarantee but will use reasonable means to maintain security and confidentiality of outgoing email information.

Express Medical Experts is not liable for improper disclosure of confidential information that is not caused by Express Medical Experts' intentional misconduct. Clients/Parents/Legal Guardians must acknowledge and consent to the following conditions:

- a. Email is not appropriate for urgent or emergency situations.
- b. The client/parent/legal guardian should call and/or schedule an appointment to discuss complex and/or sensitive situations.
- c. All email will usually be printed and filed into the client's medical record.
- d. Provider will not forward client's/parent's/legal guardian's identifiable emails without the client's/parent's/legal guardian's written consent, except as authorized by law.
- e. Clients/parents/legal guardians should not use email for communication of sensitive medical information.
- f. Provider is not liable for breaches of confidentiality caused by the client or any third party.
- g. It is the client's/parent's/legal guardian's responsibility to follow up and/or schedule an appointment if warranted.

3. **Client Acknowledgement and Agreement**

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communication of email between Express Medical Experts and me, and consent to the conditions and instructions outlined, as well as any other instructions that Express Medical Experts may impose to communicate with me by email.

Client name: _____

Client signature: _____

Date: _____

Parent/Legal Guardian name: _____

Parent/Legal Guardian signature: _____

Date: _____

Full email address (print legibly): _____