Client Email Informed Consent

You may give permission to The Colorado Health Network Medical Clinic (CHNMC) staff to communicate with you by email. This form provides information about the risks of these forms of communication, guidelines for email communication, and how we use email communication. It also will be used to document your consent for communication with you by email.

1. **How we will use email communication:** We use email communication only about non-sensitive and non-urgent issues for HOWARD DENTAL CENTER, and through Athena (EMR) patient portal or email communication for CHN MEDICAL CLINIC only about non-sensitive and non-urgent issues. All communications to or from you may be made a part of your case record. You have the same right of access to such communications as you do to the remainder of your case record. Your email messages may be forwarded to another CHN staff member as necessary for appropriate handling.

2. **Risk of using email communication:** The use of email communication has a number of risks that you should consider. These risks include, but are not limited to, the following:
   a. Emails can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.
   b. 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. Emails can be used as evidence in court.
   g. Email may not be secure, and therefore it is possible that a third party may breach the confidentiality of such communications.

3. **Conditions for the use of email messages:** CHN Clinical Services cannot guarantee but will use reasonable means to maintain security and confidentiality of email information sent and received. You must acknowledge and consent to the following conditions:
   a. **In a MEDICAL EMERGENCY, DO NOT USE EMAIL, CALL 911.** Do not email for urgent problems. If you have an urgent problem during regular business hours, please call the Medical Clinic. Urgent messages or needs should be relayed to us by using regular telephone communication.
   b. Emails should not be time-sensitive. While we try to respond to email messages daily, we cannot guarantee that any particular email will be read and responded to within any particular period of time. If you have not heard back from us within three days, call our office to follow up if we have received your email.
   c. You should schedule and appointment to speak with your provider/case manager regarding complex and/or sensitive situations rather than send email regarding such situations.
   d. Email messages may be filed in your care record.
e. Staff will not forward your identifiable email to outside parties without your written consent, except as authorized by law.

f. You should use your best judgement when considering the use of email for communication of sensitive medical information. CHNMC staff is not responsible for the content of messages.

g. CHN Clinical Services is not liable for breaches of confidentiality caused by you or any third party.

h. It is your responsibility to follow up with your provider/case manager if warranted.

4. **Withdrawal of consent:** I understand that I may revoke this consent at any time by so advising CHNMC in writing. My revocation of consent will not affect my ability to obtain future services nor will it cause the loss of any benefits to which I am otherwise entitled.

5. **Clients Acknowledgement and Agreement:** I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the use of email messaging as a form of communication between CHNMC staff and me, and consent to the conditions and instructions outlined, as well as any other instructions that CHNMC may impose to communicate with me by email.

6. **Approved Email Communications include** (Please initial all activities you consent to receiving and sending information regarding.)

- [ ] Client Newsletter
- [ ] Information Regarding Client Events
- [ ] Case Management Related Information
- [ ] Insurance Related Information
- [ ] Medical Related Information

________________________ (Email address approved for the sending/receiving of communication with the CHNMC)

OR

[ ] I DO NOT CONSENT to send/receive any information via email communication with the Colorado Health Network Medical Clinical

Client Name: ________________________________

Client Signature: ____________________________ Date: ________________