

Participant Consent Form for Email Communication



Participant Name: _____ DOB: _____

Email (print **VERY** clearly): _____

You have requested using unencrypted email to communicate with UPCAP staff. You must first be informed that there is **no guarantee of privacy** when sending information via unencrypted email. Should you decide not to sign this form, you will not be able to communicate with UPCAP staff using email, but your services will not be affected.

Here are some **risks associated with email** to consider **BEFORE** signing this consent form:

- Email can be copied, circulated, forwarded, and stored in electronic files;
- Email can be accidentally or intentionally broadcast worldwide and received by many unintended recipients;
- It is easy to falsify the content and/or message of an email;
- Backup copies of email may exist even after the recipient(s) has deleted their own copy;
- Organizations and online services usually have the right to archive and inspect emails transmitted through their system and equipment;
- Passwords providing access to email accounts can be stolen, and host systems can be compromised (hacked) leading to unauthorized disclosure of personal information;
- Email can be intercepted, altered, forwarded, or used without written authorization or detection;
- Email may not be answered in the time frame expected by the sender.

Purpose and Intent

Emailing with UPCAP staff is offered as an additional means of communication. It is not intended to substitute for face-to-face meetings or assessments.

UPCAP is committed to protecting the privacy of your protected health information (PHI) as defined in the Health Insurance Portability and Accountability Act of 1996 (HIPAA). As such, UPCAP will use reasonable means to protect PHI sent and received through unencrypted email. Due to the risks as outlined above, UPCAP cannot guarantee the security and confidentiality of email communication, and will not be liable for improper disclosure of confidential information.

In order to begin email communications with UPCAP staff, you must agree to and acknowledge the following:

- I agree that I am an established participant of an UPCAP program.
- I acknowledge that I have read and understand UPCAP's HIPAA Notice of Privacy Practices.
- I understand UPCAP staff will read and respond to email communications as promptly as possible, and will not use email for medical emergencies or other time-sensitive matters.
- I acknowledge that some or all information sent or received via email may make mention of my diagnosis, conditions, care, and medications, and may become part of my UPCAP file/record.
- I understand it is my responsibility to protect passwords to email accounts.
- I understand UPCAP is not liable for breaches of confidentiality caused by any third party or myself.
- ***I understand that communication via unencrypted email is not secure and UPCAP cannot guarantee the confidentiality of electronic PHI.***
- I understand I may, at any time, revoke my consent for email communications. Unless revoked verbally or in writing, this will upon termination from UPCAP services or programs.

I hereby acknowledge that I have read and fully understand information provided in this Participant Consent Form for Email Communication. I understand the risks associated with using email to communicate with UPCAP staff.

Participant Signature: _____ Date: _____

LTC Compliance/Privacy Mgr: _____ Date: _____

Revoke Consent

I request that UPCAP staff no longer use the above email address to communicate with me.

Participant Signature: _____ Date: _____

Verbal Request taken by: _____ Date: _____