

## Fact Sheet and Patient Request for Email Communications

You may request that I communicate with you by electronic mail (email). This fact sheet tells you about the risks of communicating via email and how I may use and disclose email you send me.

PLEASE READ THIS INFORMATION CAREFULLY AND SIGN BELOW

Email communications are a two way communications. However, I may not read and/or respond to emails until hours or days after I receive them. This means that there could be a delay in receiving treatment for an acute condition.

Therefore, If you have an urgent or an emergent situation, **do not** rely on email to explain what is wrong or request assistance. Instead, act as though email was not available to you. Seek immediate medical attention by going to your nearest hospital and asking for the psychiatrist on call or by dialing 911 if you cannot get to the hospital.

Email on your computer, laptop, phone, or other devices has inherent privacy risks especially when your email access is provided through your employer or when your email messages are not encrypted. Think of email as providing as much privacy as a postcard. You should not communicate any information with me that you would not want to be included on a postcard going through the mail.

Email is sent at the touch of a button. Once sent, an email message cannot be recalled or cancelled. Errors in transmission, regardless of the sender's caution, can occur. You can help minimize this risk by using only the address that you provided me for email. Individuals associated with me may read your email messages despite my best efforts to keep them private. Your email message is not completely private communication.

Neither you nor the person reading your email can see the facial expressions or gestures or hear the voice of the sender. Email can be easily misinterpreted. Your email messages and my responses to them may become part of your medical record.

The overall message here is that communication via the Internet, including using email, I may not be secure. There is no assurance of confidentiality when communicating via email or other internet communication systems.

I understand what I have read above and agree to the following:

- I certify the email address provided on this request is accurate and I accept full responsibility for messages sent to or from this address.
- I have received a copy of the Fact Sheet and Patient Request form, and I have read and understand it.
- I understand and acknowledge that communications over the Internet and/or using an email system that is not encrypted are not secure. I know this means there is no guarantee of confidentiality of information.
- I understand that my email communications may be forwarded to other providers who are treating me.
- I agree to hold Celia Hartnett and individuals associated with her harmless from any and all claims and liabilities arising from or related to this request to communicate via email.

**Fact Sheet and Patient Request for Email Communications  
Consent Sheet**

Print your name: \_\_\_\_\_

Signature: \_\_\_\_\_

Email address you wish to use: \_\_\_\_\_

*Please indicate if you have electronically filed this form. Thank you.*