

## Parental Consent to Use E-mail Cell Phone/ text to Exchange Personally Identifiable Information

INFORMATION ABOUT PARENT / CHILD	
PARENT'S NAME (LAST, FIRST):	EMAIL ADDRESS:
CHILD'S NAME (LAST, FIRST):	DATE OF BIRTH:

At your request, you have chosen to communicate personally identifiable information concerning your child's early intervention treatment by e-mail without the use of encryption. Sending personally identifiable information by e-mail has a number of risks that you should be aware of prior to giving your permission. For a full explanation of risks please speak with your therapist or contact the agency. Please choose yes to acknowledge risks and agree to proceed.

- E-mail/text can be forwarded and stored in electronic and paper format easily without prior knowledge of the parent.
- E-mail/text senders can misaddress an e-mail and personally identifiable information can be sent to incorrect recipients by mistake.
- E-mail/text sent over the Internet without encryption is not secure and can be intercepted by unknown third parties.
- E-mail / text content can be changed without the knowledge of the sender or receiver.
- Backup copies of e-mail /text may still exist even after the sender and receiver have deleted the messages.
- Employers and online service providers have a right to check e-mail sent through their systems.
- E-mail/text can contain harmful viruses and other programs.

### Parental Acknowledgement and Agreement

I acknowledge that I have read and understand the items above which describe the inherent risks of using e-mail to communicate personally identifiable information. Nevertheless, I authorize representatives from Bridges to Bright Futures to communicate with me at my e-mail address and cell number provided concerning my child's participation in the Early Intervention Program (EIP), including but not limited to communication regarding service delivery, his/her progress in the EIP and any other related matters. I understand that use of e-mail without encryption presents the risks noted above and may result in an unintended disclosure of such information.

In addition, I give permission for members of my child's treatment team to communicate personally identifiable information concerning my child with each other using unencrypted e-mail. Early intervention team members who I give permission to use unencrypted e-mail to communicate with each other about my child include:

- (1) \_\_\_\_\_ with the e-mail address \_\_\_\_\_ cell \_\_\_\_\_
- (2) \_\_\_\_\_ with the e-mail address \_\_\_\_\_ cell \_\_\_\_\_
- (3) \_\_\_\_\_ with the e-mail address \_\_\_\_\_ cell \_\_\_\_\_
- (4) \_\_\_\_\_ with the e-mail address \_\_\_\_\_ cell \_\_\_\_\_
- (5) \_\_\_\_\_ with the e-mail address \_\_\_\_\_ cell \_\_\_\_\_

SIGNATURE		
PARENT/LEGAL GUARDIAN NAME (PRINT):	SIGNATURE:	DATE: