South Community, Inc.

UNENCRYPTED E-MAIL COMMUNICATION and RISKS AGREEMENT

Print Person served Name _____ Person served ID# _____

The above named person served has made the request that e-mail from South Community Inc. **NOT** be encrypted.

Intended emails with PHI are encrypted but when this is not possible, unencrypted emails are allowable per persons served request.

When e-mail is used with a person served, workforce member must advise the person served, his/her parent, legal guardian or authorized representative of the following:

(Person served/Legal Guardian or Authorized Representative is to initial each statement below)

1. There are possible risks of using e-mail, such as technology failure (time lags, hardware defects, and power outages) and confidentiality/security risks (lack of encryption, third party interception, and misdirected e-mail. _____ **Initial**

2. E-mail is treated with a high level of confidentiality, but also is subject to South Community Inc.'s/SCPC's internal monitoring procedures for quality improvement. _____ **Initial**

3. If an e-mail address is shared with others, such as a spouse, significant other, friend etc., the individual will be privileged to the person served's PHI and his/her confidentiality will be compromised. _____ **Initial**

4. The person served should not use e-mail to communicate crises or emergencies. Workforce member had advised the person served/legal guardian or authorized representative of emergency procedures including 24-hour phone access. _____ **Initial**

5. I agree that all emails sent and received by and with South Community Inc. will **NOT** be encrypted. _____ **Initial**

Person served/Guardian Signature Date _____ Staff Signature Date _____

Print Guardian Name/Authorized Representative (If Applicable) _____ Print Staff Name _____

E-mail communications will become part of the person served electronic health record if applicable. (Scan into e-docs, under correspondence, incoming or outgoing as applicable)