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## Patient Consent to Electronic Message/Email Usage

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HIPAA stands for the Health Insurance Portability and Accountability Act. HIPAA was passed by the U.S. government in 1996 in order to establish privacy and security protections for health information.

- When an electronic message/email is sent, the information that is sent is not encrypted. This means a third party may be able to access the information and read it since it is transmitted over the Internet. In addition, once the electric message/email is received by you, someone may be able to access your electronic message/email account and read it.
- Additionally, while we consider your communications private and confidential and do not disseminate information about you without your permission, our email ([capsofme@gmail.com](mailto:capsofme@gmail.com)) is monitored by Dr. Kang's office manager, who might see the content of your message.
- Email and texting are very popular and convenient ways to communicate for a lot of people, so in their latest modification to the HIPAA act, the federal government provided guidance on email and HIPAA. The information is available on the U.S. Department of Health and Human Services website - <https://www.govinfo.gov/content/pkg/FR-2013-01-25/pdf/2013-01073.pdf>. The guidelines state that if a patient has been made aware of the risks of unencrypted email, and that same patient provides consent to receive health information via email, then a health entity may send that patient personal medical information via unencrypted email.
- If you choose to consent to electronic messages/email communication, you should be aware that when we respond to electronic messages/email, we will respond to the address from which it was sent. Employers and on-line services have the right to access and archive electronic messages/e-mail transmitted through their systems. Furthermore, if your electronic messages/e-mail is a family address, other family members may see your messages, therefore, please be aware that you use electronic messages/e-mail at your own risk. Because of the many internet and e-mail factors beyond our control, we cannot be responsible for misaddressed, misdelivered or interrupted electronic messages/e-mail.
- All electronic messages/e-mails between you and your provider regarding symptoms, diagnosis, or treatment will be part of your permanent health information.

I hereby consent to communicate with Child & Adolescent Psychiatric Services of Maine employees regarding my personal health information, services, treatment, and appointments via email. In granting this permission, I have read or have had read to me and understand the information described above. I have had the opportunity to ask questions about this information and all of my questions have been answered. I hereby consent to the appropriate use of email under the terms described above. If I do not wish to participate in this service, please check the corresponding box.

Revocation: I wish to revoke the consent given above with the understanding that my revocation will not affect anyone who takes action in reliance upon this Consent Form without notice of revocation.

Signature of Patient or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

CAPS of ME Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_