

CONSENT TO USE OF EMAIL

KATS understands that email is the preferred method of communication for many of our patients. While email is often the most efficient and convenient way to convey information, it comes with risks when that information is sensitive or confidential. While we are happy to communicate with you via email, it is in the nature of our business for some of those communications to contain private information. You must understand and accept these risks before we will communicate with you via email.

The following are some risks normally associated with email communications. This list is not meant to be exhaustive; there may be other risks not listed here.

- E-mail can be immediately broadcast worldwide and be received by many intended and unintended recipients.
- Recipients can forward email messages to other recipients without the original sender's permission or knowledge.
- Users can easily misaddress an email.
- E-mail is easier to falsify than handwritten or signed documents.
- Backup copies of email may exist even after the sender or the recipient has deleted his or her copy.
- E-mails containing information pertaining to a patient's diagnosis and/or treatment must be included in the patient's medical records. Thus, all individuals who have access to the medical record will have access to the email messages.
- Employees do not have an expectation of privacy in emails they send or receive at their place of employment. Thus, patients (or their parents/guardians) who send or receive email from their place of employment risk having their employer read their email.
- Although KATS and its employees and agents will endeavor to read and respond to email promptly, KATS cannot guarantee that any particular email message will be read and responded to within any particular period of time. Health and human service providers rarely have time between appointments, consultations, staff meetings, meetings away from the facility, and meetings with patients and their families to continuously monitor. With this in mind, do not send time sensitive information via email.

With the above risks in mind, we also want you to know that it is KATS's policy to treat our patients and their information with as much care and respect as we reasonably can. Below is a list of procedures and conditions that will serve to protect your interests, as well as ours, when it comes to emailing your information. You must understand and accept these conditions before we will communicate with you via email.

- All emails to or from you concerning diagnosis and/or treatment will be made a part of your medical record. As a part of the medical record, other individuals, such as other physicians, nurses, physical therapists, patient accounts personnel, and the like, and other entities, such

as other healthcare providers and insurers, will have access to email messages contained in medical records.

- KATS may forward email messages within the facility as necessary for diagnosis, treatment, and reimbursement. KATS will not, however, forward the email outside the facility without your consent or as required by law.
- If you send an email to KATS or one of its staff members, agents, or affiliates, KATS will endeavor to read and respond to the email promptly, if warranted. However, KATS can provide no assurance that the recipient of a particular email will read the email message promptly. *KATS cannot assure patients that recipients will read email messages promptly; as a result, you must not use email in a medical emergency.*
- If your email requires or invites a response, and the recipient does not respond within a reasonable time, you are responsible for following up to determine whether the intended recipient received the email and when the recipient will respond.
- Because some medical information is so sensitive that unauthorized disclosure can be very damaging, you should not use email for communications concerning diagnosis or treatment of highly sensitive conditions such as an AIDS/HIV infection; other sexually transmissible or communicable diseases, such as syphilis, gonorrhea, herpes, and the like. You should be aware that information concerning mental health or a developmental disability, or alcohol and drug abuse often has the same sensitivities and risks. *KATS staff will **not** communicate with you regarding highly sensitive conditions via email.*
- Because employees do not have a right of privacy in their employer's email system, you should not use your employer's email system to transmit or receive confidential medical information.
- KATS cannot guarantee that electronic communications will be private. We will take reasonable steps to protect the confidentiality of all patient email but KATS is not liable for improper disclosure of confidential information not caused by KATS's gross negligence or wanton misconduct.
- If you consent to the use of email, you are responsible for informing KATS of any types of information you do not want to be sent by email other than highly sensitive conditions mentioned above.
- You are responsible for protecting your password or other means of access to email sent or received from KATS to protect confidentiality. We are not liable for breaches of confidentiality caused by you.
- Any further use of email by you that discusses your diagnosis or treatment made after you are made aware of these risks constitutes informed consent to the foregoing. You may withdraw consent to the use of email at any time by email or written communication to KATS, attention: Privacy Officer.

Understand that you are in no way obligated to sign this form, or agree to any email communication with KATS. However, KATS will not communicate with you via email if you choose not to agree to, and sign, this consent form. If you choose not to sign this form, other forms of communication will be used.

The signing of this consent form is voluntary and KATS cannot condition your treatment, procedures, or other services on the signing of this form.

I, _____, authorize KATS to communicate with me via email using the email address below. I have read and understand the risks and conditions above, and want to communicate with KATS via email with that knowledge and understanding. I understand that if I am signing on behalf of a minor child, this authorization will expire upon the child reaching the age of 18, unless there is proof of legal guardianship.

Signature of patient or personal representative

____/____/_____
Date

Email Address to be Used by KATS

Personal representatives: In the space below, please describe your authority to act on behalf of the patient.

