



CDNC

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Email Communication Agreement

****Please note that it is NOT required for this form to be signed. However, without it, you agree to NOT use email to contact Dr. Jenise Jensen and understand that Dr. Jensen will not respond to any emails sent.****

Email communication should be used primarily for administrative purposes, unless we have made another agreement. That means that email exchanges with my office should be limited to things like setting and changing appointments, billing matters, and other related issues. If you need to discuss a clinical matter with me, please schedule a phone call or face-to-face meeting in order to make sure that your information is kept private and confidential.

My signature below indicates that I understand that Dr. Jenise Jensen and CDNC staff will use reasonable means to protect the security and confidentiality of email sent and received. However, there are known and unknown risks that may affect the privacy of personal health care information when using email to communicate: These risks include, but are not limited to:

- Email can be forwarded, printed, and stored in numerous paper and electronic forms and be received by unintended recipients without my knowledge or agreement.
- Email may be sent to the wrong address by any sender or receiver.
- Email is easier to forge than handwritten or signed papers.
- Copies of email may exist even after the sender or the receiver has deleted his or her copy.
- Email service providers have a right to archive and inspect emails sent through their systems.
- Email can be intercepted, altered, forwarded, or used without detection or authorization.
- Email can spread computer viruses.
- Email delivery is not guaranteed.

I agree to NOT use email for emergencies or to send time sensitive information.

I understand that it is my responsibility to follow up with Dr. Jensen if I have not received a response to my email within a reasonable time period.

I give permission for Dr. Jensen to send email messages to me and those individuals that I authorize that include patient health care information. I understand that email messages she sends or receives regarding the patient will be included in the patient's chart. I have read and understood the risks of using email as stated above.

Patient's Full Name

_____/_____/_____
Patient's DOB:

Signature of Patient (if 18+years old) or Parent/Guardian Signature

Date

Signature of Psychologist

Date

