

Tufts University Counseling and Mental Health Service
Informed Consent to E-Mail Communication

I consent to receiving e-mail communication from the Tufts University Counseling and Mental Health Service.

I understand that all e-mail messages are sent over the Internet. Messages sent over the Internet are not encrypted, are not secure and may be accessed by others. I understand that my e-mail communications with my clinician will not be encrypted and, therefore, neither my clinician(s) nor CMHS can guarantee the confidentiality and security of any information I send to my clinician or to CMHS, or that my clinician or CMHS sends to me via e-mail.

I have also discussed CMHS guidelines for the use of e-mail with my clinician and I understand and agree to the parameters stated in those guidelines. I hereby give permission for all my present and future CMHS clinicians and CMHS staff to reply to my messages via e-mail, and to include any information that would be considered confidential that my clinician deems appropriate. I agree that CMHS and any employees or agents of CMHS shall not be liable for any breach of confidentiality that may result from this use of e-mail via the Internet.

I understand and agree that e-mail communication should not be used for urgent or sensitive medical or psychological matters since technical or other factors may prevent a timely answer and confidentiality cannot be guaranteed. If I believe I need a response within 48 hours I will not use e-mail but will call my clinician. If I do not receive an answer to a routine e-mail message within two working days, I understand that I should call my clinician. I understand that all e-mail communications may be made part of my permanent clinical record and may therefore be accessible to all current and future CMHS clinicians involved with my care and to anyone to whom CMHS provides a copy of my clinical record, whether pursuant to a request by me or under applicable law.

I also understand that I should only e-mail my clinician from the e-mail address I have listed below, since the clinician cannot confirm my identity through another person's e-mail address. I understand that it is my responsibility to notify CMHS, in writing, of any change of the e-mail address listed below.

I also understand that I may withdraw permission for clinicians to communicate with me via e-mail by notifying (my primary care provider) CMHS in writing.

Patient name

date

Patient I.D. #

e-mail address

Witness

