

Consent for Email Communication

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I understand that the confidentiality of any email that I send cannot be guaranteed at this time, and that the internet is not an error free network. I understand that the psychiatric office of Dr. Elaine Mateo does not employ encryption software or technology.

I understand that it is never appropriate to send e-mail from the workplace, from a computer owned by an employer, for urgent or emergency situations, for sending confidential information relating to mental health, drug and alcohol, sexually, transmitted diseases, or similar subjects, or for sending messages across state lines.

I understand that e-mail messages may get lost, delayed, or misdirected. I agree to hold Dr. Elaine Mateo harmless and release from any and all liability resulting from failing to receive or respond to information contained in email messages.

I understand the terms outlined in this letter, and I consent to these agreements and guidelines when using email in addition to other methods of communication with Elaine Mateo, M.D.

I understand that either my doctor or I may choose to discontinue the use of email communication at any time.

In any email communication with Elaine Mateo, M.D. always include: Subject, Date and time of transmission, your full name & patient name, phone number and e-mail address

EMAIL IS NEVER APPROPRIATE FOR URGENT/EMERGENCY SITUATIONS

Patient's Name: _____

Parent or Guardian's Name: _____

Date: _____

Email: _____

Phone Number: (_____) _____

Signature: _____