

Consent to Use of Electronic Mail

Alessi Family Care would like to give you the chance to communicate with your healthcare providers (such as nurses), and administrative services by electronic mail (email).

Sending private patient information by email, however, has a number of risks that you should think about.

Risks of Email

- Email may be instantly sent worldwide and be received by many intended and unintended recipients.
- Those who get email can pass on messages to anyone without the original sender's permission or knowledge.
- Users can easily misaddress an email.
- Backup copies of email may exist even after the sender or the recipient has erased their copy.
- You should not use your employer's email system to send or receive private medical information. If you choose to send or receive an email from your workplace, there is a chance your employer could read the message.
- Email messages may not be answered on the same business day. We will make an effort to read and respond to email as soon as possible, but we cannot guarantee that any email message will be answered within any set period of time.

Your use of email is an acknowledgement of this insecurity and your acceptance of the risk.

Because some medical information is sensitive and the privacy of email is not guaranteed, **you should not use email for communications about sensitive information.** Some examples are protected diagnoses (such as mental health conditions or substance abuse problems), information about HIV/AIDS, and workers' compensation injuries.

Do not send financial information, credit card numbers, checking account numbers, or any similar information by email. **We will not ask you for this information by email. Any email supposedly from Alessi Family Care asking for credit card or checking account information is fraudulent.** Please let us know if you receive such an email.

You may withdraw consent to the use of email at any time by email or written communication with Alessi Family Care.

Your signature below allows Alessi Family Care to send email to this address:

Email Address (please print) Full Name (please print)

Signature of Patient or Responsible Party Date and Time