

Electronic Communication Consent Form

1. The transmission of client information by unsecured email and/or texting has a number of risks. These include, but are not limited to, the following risks:
 - a. Email and texts can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.
 - b. Email and text senders can easily misaddress an email or text and send the information to an undesired recipient.
 - c. Backup copies of emails and texts may exist even after the sender and/or the recipient has deleted his or her copy.
 - d. Employers and on-line services have a right to inspect emails sent through their company systems.
 - e. Emails and texts can be intercepted, altered, forwarded or used without authorization or detection.
 - f. Email and texts can be used as evidence in court.
 - g. Emails and texts may not be secure and therefore it is possible that the confidentiality of such communications may be breached by a third party.
2. Reasonable means (such as password/pin protection) will be used to maintain security and confidentiality of electronic communications sent and received, but confidentiality cannot be guaranteed.
3. Email or texting is generally not appropriate for communication of sensitive medical information. The use of electronic communications should be used only for administrative matters such as scheduling, billing, appointment reminders.
4. Email or texting is not to be used for urgent or emergency situations. It should not be assumed that any particular email and/or text will be read and responded to within any particular period of time.

Agreement for Electronic Communication

1. I have been informed of the risks of electronic communication via unsecured email and/or texting.
2. I shall limit the sharing of sensitive medical information through any email, text, or voicemail that I leave for Dr. Chiu. If I choose to communicate confidential or private information to Dr. Chiu through these means, it will be assumed that I understand the risks of doing so and will not hold Dr. Chiu liable for any resulting improper disclosure of confidential information.
3. I consent to receiving communications related to my healthcare from Dr. Chiu through the following means I have opted in for, at the email address / phone number provided below:

- Opt **IN** for email
 Opt **OUT** for email

Email Address: _____

- Opt **IN** for text messaging
 Opt **OUT** for text messaging

Phone Number: _____

- Opt **IN** for voice mail
 Opt **OUT** for voice mail

For any means I have opted in, received communication will generally be kept to administrative matters. I will not hold Dr. Chiu liable for any resulting improper disclosure of confidential information for any of the means of which I have opted in. I understand that the means I have opted in for are a convenience to me and I understand the risks of communicating using these methods.

4. If I choose to receive communication from Dr. Chiu via email, text, and/or voicemail, it is my responsibility to notify Dr. Chiu in person, over the phone, or in writing of any changes to my contact information.
5. I can update my opt in / opt out communication preferences with Dr. Chiu at any time by notifying Dr. Chiu in person, over the phone, or in writing.

By signing below, I acknowledge that I have read and understand the above agreement, and I agree to be bound by all of its terms without exception.

Printed name of client

Signature of client

Date