

CONSENT TO USE E-MAIL to Exchange Personally Identifiable Information

| Parent's Name(s): | |
|--------------------|--|
| Email Address(es): | |

Student's Name:

DOB:

At your request, you have chosen to communicate personally identifiable information concerning your child's speech therapy by e-mail without the use of encryption. Sending personally identifiable information by e-mail has a number of risks that you should be aware of prior to giving your permission. These risks include, but are not limited to, the following:

- E-mail can be forwarded and stored in electronic and paper format easily without prior knowledge of the parent.
- E-mail senders can mis-address an email and personally identifiable information can be sent to the incorrect recipients by mistake.
- E-mail sent over the internet without encryption is not secure and can be intercepted by unknown third parties.
- E-mail content can be changed without the knowledge of the sender or receiver.
- Back up copies of e-mail may still exist even after the sender and receiver have deleted the messages.
- E-mail can contain harmful viruses and other programs

Parental Acknowledgment and Agreement

I acknowledge that I have read and understand the items above which describe the inherent risks of using email to communicate personally identifiable information. Nevertheless, I authorize FirstRowe Speech Pathology, P.C., whose e-mail address is natalia@firstrowetherapy.com , to communicate with me at my e-mail address, _____, concerning my child / children participate in speech therapy including but not limited to communication regarding service delivery, his / her progress and any other related matters. I understand the use of email without encryption presents the risks noted above and may result in an unintended disclosure of such information.

(Optional) In addition, I give permission for members of my child's speech therapy to communicate personally identifiable information concerning my child with each other using unencrypted email. I give permission to use unencrypted e-mail to communicate with each other about my child include:

| (1): | with the email address: |
|------|-------------------------|
| (2): | with the email address: |
| (3): | with the email address: |
| (4): | with the email address: |
| (5): | with the email address: |

Parents Signature: _____

Date: _____