

**INTERCOMMUNITY ACTION, INC.**  
**Participant Consent to Email Communication**

Participant Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

I understand that Intercommunity Action, Inc. (Interact) does not and cannot guarantee the confidentiality of any email communications outside of Interact's internal server (emails that do not end in @intercommunityaction.org) and will not be liable for improper disclosure of confidential information and/or breaches in confidentiality caused by me or a third party. I understand that Interact has no control over the security or management of my individual email service provider or those of contractors or sub-contractors and cannot guarantee that information will not be intercepted, altered, or read by an unintended recipient.

The following are risks of using Email:

- Email can be circulated, forwarded, and stored in numerous paper and electronic files.
- Email can be immediately broadcast worldwide and be received by many intended and unintended recipients.
- Email senders can easily misaddress an email.
- Email is easier to falsify than handwritten or signed documents
- Backup copies of email may exist even after the sender or the recipient has deleted his or her copy.
- Employers and on-line services have a right to archive and inspect e-mails transmitted through their systems.
- Email can be intercepted, altered, forwarded, or used without authorization or detection.
- Email can be used to introduce viruses into computer systems.
- Email can be used as evidence in court.

In addition to the above, I understand that:

- A copy of all email communications will be placed in my/my child's/my family member's medical record or chart.
- It is my responsibility to inform Interact of any changes in my email address.
- Email must be concise and should not include any clinical information.
- Email is not to be used for emergency situations.
- Interact will not forward any emails outside of Interact's secure email server, however Interact medical records, administrative staff and management may have access to email correspondence.

I understand that I may revoke this consent at anytime either verbally or in writing however any actions already taken place regarding this consent may not be changed.

I acknowledge and fully understand Interact's email consent form. I understand the risks associated with using email to communicate with Interact in addition to the risks associated with using email to communicate with Interact contractors and sub-contractors who do not use Interact's secure email server. I understand that by signing this form I am consenting to email communication with the following people & email address(s):

Email: \_\_\_\_\_ Person: \_\_\_\_\_

Email: \_\_\_\_\_ Person: \_\_\_\_\_

Email: \_\_\_\_\_ Person: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(parent if child under 14 in MH)

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_