

# Electronic Communication Agreement



**Harte**  
Behavioral  
Health

Electronic communication is a form of communication using “secure” Web sites or e-mail applications that apply appropriate encryption technology designed to protect the transmission of confidential information. Online communication is an additional option for communication along with telephone, mail, and in-person. It is not meant to replace other forms of communication with the clinician.

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## By initialing below, I agree to the following terms:

- \_\_\_\_\_ Traditional methods of communication (i.e., telephone, in-person, mail) are still available to me.
- \_\_\_\_\_ I allow my clinician to use online communication methods with me such as email, text, and virtual faxing.
- \_\_\_\_\_ I understand that all electronic communications carry some level of risk. While the likelihood of risks associated with the use of electronic communication in a secure environment is substantially reduced, the risks are nonetheless real and very important to understand. For example, online communication could be forwarded, intercepted, or even changed without my knowledge. Additionally, online communication is easier to falsify than handwritten or signed hard copies. Backup copies may exist on a computer or in cyberspace, even after both you and your provider have deleted copies.
- \_\_\_\_\_ I will use a secure network. I will not use standard e-mail or e-mail systems provided by employers. I understand that employers have a right to inspect and keep online communication transmitted through their system.
- \_\_\_\_\_ I understand that any online communications become part of my medical record.
- \_\_\_\_\_ I agree to take precautions to keep online communication confidential, including but not limited to the following:
  - I will keep my password confidential.
  - I will not store messages on an employer-provided computer.
  - I will not leave messages on my screen for others to read.
  - I will review my messages before sending to make sure that they are clear and that all relevant information is included.
  - I will update my contact information as soon as it changes.
- \_\_\_\_\_ I understand that I am responsible for taking steps to protect myself from unauthorized use of online communication. The clinician is not responsible for breaches of confidentiality caused by an independent third party or by me.
- \_\_\_\_\_ I understand that online communication cannot be used for emergencies or time sensitive matters.
- \_\_\_\_\_ I consent to my clinician exchanging email communication with collateral contacts on my behalf.
- \_\_\_\_\_ I understand that my clinician will respond to email communication only when a reply is requested and/or necessary. This reply will take place at the earliest possible convenience for my clinician.
- \_\_\_\_\_ I understand that frequent, ongoing requests for electronic communication between my clinician and myself or collateral contact may result in me incurring additional charges that will not be reimbursed by insurance companies.
- \_\_\_\_\_ I acknowledge that I have read and fully understand this consent form, including the risks associated with electronic communication.

**PLEASE NOTE THAT ONLINE COMMUNICATION SHOULD NEVER BE USED FOR EMERGENCY COMMUNICATIONS OR URGENT REQUESTS. THESE SHOULD OCCUR VIA TELEPHONE OR BY USING EXISTING EMERGENCY COMMUNICATIONS TOOLS.**

**I certify that I have read and understand this agreement and that I have initialed all spaces above.**

\_\_\_\_\_  
Patient Name (print)

\_\_\_\_\_  
Provider Name (print)

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date