



COVID-19

Parental Consent to Use E-mail/Text to Exchange Personally Identifiable Information

Parent's Name: _____

E-mail Address: _____

Text # _____

Child's Name: _____ D.O.B. _____

At your request, you have chosen to communicate personally identifiable information concerning your child's early intervention treatment by e-mail or text 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/text can be forwarded and stored in electronic and paper format easily without prior knowledge of the parent.
E-mail/text senders can misaddress an e-mail/text and personally identifiable information can be sent to incorrect recipients by mistake.
E-mail/text sent over the Internet without encryption is not secure and can be intercepted by unknown third parties.
E-mail/text content can be changed without the knowledge of the sender or receiver.
Backup copies of e-mail/text may still exist even after the sender and receiver have deleted the messages.
Employers and online service providers have a right to check e-mail/text sent through their systems.
E-mail/text can contain harmful viruses and other programs.

Parental Acknowledgement and Agreement

I acknowledge that I have read and understand the items above which describe the inherent risks of using e-mail/text to communicate personally identifiable information. Nevertheless, I, _____

_____, authorize _____ whose

e-mail address is _____ OR text # is _____ to communicate with me at my e-mail address/text # stated above, concerning my child's,

_____, participation in the

(insert child name)

_____, including but not limited to

(insert program name)

communication regarding service delivery, his/her progress in the program and any other related matters. I understand that use of e-mail/text 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 treatment team to communicate personally identifiable information concerning my child with each other using unencrypted e-mail. The Summit team members who I give permission to use unencrypted e-mail to communicate with each other about my child include:

(1) _____ with the e-mail address _____

(2) _____ with the e-mail address _____

(3) _____ with the e-mail address _____

Parent's Signature _____ Date _____