



Community Mental Health Services
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Important Information about Email

You may request we communicate with you by electronic mail (email). This Fact Sheet will inform you about the risks of communicating with your health care provider or program via email and how we will use and disclose provider / patient email.

Email communications are two-way communications. However, responses and replies to emails sent to or received by either you or your health care provider may be hours or days apart. This means that there could be a delay in receiving treatment for an acute condition. If you have an urgent or an emergency situation, you should not utilize email to request assistance or to describe the urgent or emergency situation.

Email messages on your computer, laptop, or other device have inherent privacy risks especially when your email access is provided through your employer or when access to your email messages is not encrypted (protected). Unencrypted email provides as much privacy as a postcard. You should not communicate any information with your health care provider that you would not want to be included on a postcard that is sent through the Post Office.

In order to forward or to process and respond to your email, individuals other than your health care provider may read your email message. Your email message is not a private communication between you and your treating provider. At your health care provider's discretion, your email message including any and all responses may become part of your medical record.

Unsecure email communication containing sensitive health information cannot be sent between WCU Community Mental Health Services (CMHS) and patients unless prior authorization is secured. If this form is completed and signed by the patient, then unsecure email communication about the client's treatment may be used to transmit information between the patient and CMHS. **This authorization allows unsecured email communication between patient and CMHS administrative staff but it does not allow or authorize unsecured email communication between therapist and client.**

Authorize email communication

I understand and agree to the following:

- The email address provided is accurate and I accept responsibility for messages sent to or from this email address.
- I have received a copy of the IMPORTANT INFORMATION ABOUT EMAIL form.
- Communication over the internet or using unencrypted email may not be secure and there is no assurance of confidentiality of information communicated via unencrypted email.
- Email communications may be forwarded to other providers and documented in my medical record for my treatment.
- I have the right at any time to revoke this authorization by contacting my provider and informing them that I wish to revoke my authorization.
- I agree to hold CMHS and individuals associated with CMHS harmless from any and all claims and liabilities arising from or related to this request to communicate via unencrypted email.

Patient/representative’s email address (*please print*): _____

I authorize CMHS administrative staff to email me regarding the course of my treatment and diagnostic test results.

I authorize CMHS administrative staff to email me regarding scheduling.

I authorize CMHS administrative staff to email me with questions regarding my account status.

Signature

Date

Change email address

I am changing the email address to be used for communications with CMHS.

New email address (*please print*): _____

Signature

Date

Discontinue email communication

I no longer wish to communicate via email.

Signature

Date