Cohen Children's Medical Center
Northwell Health®

Consent to E-mail and Text Communications

I consent to communicate with Northwell Health through e-mail and/or text messaging. If I am signing this document for another person, I agree that I am consenting for this patient and I will provide the relationship (parent, relative, health care agent, guardian, surrogate) where indicated below. I agree that:

Text messaging will be used only for the purpose of providing me with portal invitations, identity authentication, appointment-related information, and questions about the service that I receive. Text messaging may not be used to communicate with my healthcare provider. I understand that text messages will be sent unencrypted which means that they will not be protected and others may be able to access the information as it is sent.

I understand that e-mail communication should not be used for emergencies or for communicating time-sensitive information. E-mail communication will be processed during routine business hours.

In the event of a medical emergency, I should call 911 or go to the nearest Emergency Department. E-mail should be used only for non-urgent issues. It should not contain sensitive information such as information regarding sexually transmitted diseases, HIV/AIDS, mental health, developmental disabilities or substance abuse. I understand that any e- mail communication between my provider and me regarding my care may become part of my medical record.

By providing my e-mail address, I am agreeing to receive e-mails requesting feedback about Northwell Health services. E-mails that are sent from Northwell Health will be encrypted to keep them secure, unless I request to receive unencrypted e-mails. I understand that most personal e-mail services do not encrypt or otherwise protect e-mails. Therefore, there is a risk that e-mails I send from my e-mail account to my provider may be accessed by others not affiliated with my provider. As a result, I understand that if I communicate with my provider using my personal e-mail account, it may not be secure and there is a risk that my health information may be obtained by others not affiliated with my provider. Despite this risk, I authorize my provider to send my personal health information via e-mail.

I further acknowledge that e-mails and text messages may be subject to technical malfunctions. Therefore, I understand that e-mail and text message delivery is not guaranteed and potentially subject to unauthorized disclosure to third parties.

I accept that my healthcare provider or I can terminate e-mail communication and/or text messaging at any time.

I understand that I am responsible for notifying the healthcare provider if I choose to discontinue e-mail communications or text appointment reminders or if my contact information has changed. The contact information used for the purposes of this form will be the most current information on file with Northwell Health.

Patient/Agent/Relative/Guardian* (Signature)	Date / Time	Print Name	Relationship if other than patient
Telephonic Interpreter's ID #	Date / Time		
OR			
Signature: Interpreter	Date / Time	Print: Interpreter's Name and Relationship to Patient	
Witness to signature (Signature)	Date / Time	Print Witness Name	

* The signature of the patient must be obtained unless the patient is an unemancipated minor under the age of 18 or is otherwise incapable of signing.

Request for Email Communication via Unencrypted Email <u>Only</u>

Northwell strongly discourages communication sent without encryption. In addition to the risks identified above, sending e-mail unencrypted means others may be able to access the information and read it once it is transmitted over the Internet. By signing below and authorizing unencrypted email, I acknowledge the risks to which my information may be exposed.

Patient/Agent/Relative/Guardian* (Signature)	Date / Time	Print Name	Relationship if other than patient

VD032 (1/23/18)

Patient email address:_____

Parent email address:_____

* Requires signature of the patient or legally authorized representative (i.e., court appointed guardian, health care proxy, parent of a minor, etc.)