NASSAU COUNTY DEPARTMENT OF HEALTH
EARLY INTERVENTION PROGRAM

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

Parent's Name: _____

E-mail Address: _____

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 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 can be forwarded and stored in electronic and paper format easily without prior knowledge of the parent.
- E-mail senders can misaddress an e-mail and personally identifiable information can be sent to incorrect recipients by mistake.
- E-mail sent over the Internet without encryption is not secure and can be intercepted by unknown third parties.
- E-mail content can be changed without the knowledge of the sender or receiver.
- Backup copies of e-mail 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 sent through their systems.
- E-mail 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 to communicate personally identifiable information. Nevertheless, I, _____,

authorize _____ whose e-mail address is:

_____ @hhsnassaucountyny.us to communicate with me at my

e-mail address, _____, concerning my child's, _____, participation in the Early Intervention Program (EIP), including but not limited to communication regarding service delivery, his/her progress in the EIP and any other related matters. I understand that use of e-mail 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. Early intervention 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 _____
4. _____ with the e-mail address _____
5. _____ with the e-mail address _____

Parent/Caregiver's Signature _____ Date: _____

EI 5352 3/16