

Monroe County Early Intervention Program
**Parental Consent to Use E-mail to Exchange Personally Identifiable Information
For SC and Providers**

Parent's Name: _____ E-Mail Address: _____

Parent's Name: _____ E-Mail Address: _____

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

By signing this consent, you have chosen to communicate, or have authorized others 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; can be changed without the knowledge of the sender or receiver; can contain harmful viruses and other programs. In addition, 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; backup copies of e-mail may still exist even after the sender and receiver have deleted the messages; and employers and online service providers have a right to check e-mail sent through their systems.

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. I authorize _____ (Service Coordinator) whose e-mail address is _____ 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 his/her Multidisciplinary Evaluation, service delivery, his/her progress in the EIP, transition, and any other related matters.

IFSP Services

In addition, I give permission for the members of my child's IFSP team, including all future members whose e-mail addressed will be provided, 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 _____

I understand that this consent is subject to cancellation at any time. This consent shall not be used for the release of confidential HIV-related information without specified, additional consent.

Signature _____ Date _____
(Parent/Surrogate or Legal Guardian)

	Parent	Date
Additions to above providers	initials	
_____ with the email address _____	_____	_____
_____ with the email address _____	_____	_____