



Dr. Luis Hines and Associates, PA

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Consent for Communication

Luis Hines and Associates, PA, respects your right to confidential communications about your **protected health information**, as well as your right to direct how those communications occur. Since email and texting can be inherently insecure as a method of communication, we will only communicate with you by email or text with your written consent at the email address or phone number you provide to us below.

Please be aware that if you have an email account through your employer, your employer may have access to your email. When you consent to communicating with us by email or text you are consenting to email and texting communications that may not be encrypted. As well, others may intercept voicemail or answering machine messages. Therefore, you are agreeing to accept the risk that persons not authorized to receive such information when you consent to communicating with us through phone, voicemail, email, or text may intercept your protected health information.

The transmission of patient information by email and/or texting has a number of risks that patients should consider prior to the use of email and/or texting. These include, but are not limited to, the following risks:

- Emails, texts, and attachments can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.
- b. Email and text senders can easily misaddress an email or text and send the information to an undesired recipient.
- c. Backup copies of emails, texts, and attachments may exist even after the sender and/or the recipient has deleted his or her copy.
- d. Employers and on-line services have a right to inspect emails and its attachments sent through their company systems.
- e. Emails and texts can be intercepted, altered, forwarded or used without authorization or detection.
- f. Emails, texts, and attachments can be used as evidence in court.
- g. Emails and texts may not be secure and therefore it is possible that the confidentiality of such communications may be breached by a third party.

Clinicians cannot guarantee, but will use reasonable means to maintain security and confidentiality of email and text information sent and received. Clinicians are not liable for improper disclosure of confidential information that is not caused by their intentional misconduct. Patients/Parents/Legal Guardians must acknowledge and consent to the following conditions:

- Email and texting is not appropriate for urgent or emergency situations. Clinician cannot guarantee that any particular email and/or text will be read and responded to within any particular period of time.

- b. Email and texts should be concise. The patient/parent/legal guardian should call and/or schedule an appointment to discuss complex and/or sensitive situations.
- c. Patients/parents/legal guardians should not use email or texts for communication of sensitive medical information.
- d. Texts should be primarily used to make or change appointments and emails can be used to communicate lengthier information.
- e. Emails, texts, and attachments may be filed into the patient's medical record.
- f. A clinician will not forward patient's/parent's/legal guardian's identifiable emails, texts, and/or its attachments without the patient's/parent's/legal guardian's written consent, except as authorized by law.
- g. Clinicians cannot respond to "all" if a parent/guardian/patient chooses to include other parties not covered in a signed consent for release of information.
- h. A clinician is not liable for breaches of confidentiality caused by the patient or any third party.

All parties shall respect each other's assumed confidential communication by not forwarding, carbon copying, or blind carbon copying other parties.

Luis Hines and Associates, PA will not be responsible for any privacy or security breaches that may occur through voicemail, email, or text communications that you have consented to. You may choose to limit the type of voicemail, email, or text communication you have with us if you wish to limit your risk of exposing your protected health information to unauthorized persons.

I understand that my mental health information is protected. I understand that, in order for us to leave detailed messages containing specific Mental Health service information on my voice mail or answering machine; I need to give Luis Hines and Associates permission to do so.

You may choose to limit the type of voicemail, email, or text communication you have with us if you wish to limit your risk of exposing your protected health information to unauthorized persons. Please indicate below what types of correspondence you consent to receive by email or text.

I do not consent to any voicemail, email, or texting communication.

I consent to receiving communication about the scheduling of appointments or other communications that do not reveal my protected health information only by the following means (check all that you consent to):

- Email
- Text
- voicemail

I consent to all communication, including but not limited to communication about my medical condition and advice from my health care providers by the following means (check all that you consent to):

- Email
- Text
- voicemail

E-mail address you are consenting to communicate through

Phone number you are consenting to communicate through

I understand that I have the right to revoke this authorization at any time without penalty.

Name of patient (Print): _____ Date: _____

Signature of Patient: _____ Date: _____

Parent/Guardian: _____ Date: _____

(Please specify relationship to patient) _____

Signature of Clinician: _____ Date: _____