

Parent's Name: _____

E-mail Address: _____

Child's Name: _____

Date of Birth (mm/dd/yyyy): _____

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 ACKNOWLEDGMENT 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 _____ 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, their 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's Signature: _____ **Date (mm/dd/yyyy):** _____

Please note: If the fillable Parental Consent to Use E-mail to Exchange Personally Identifiable Information Form includes a Parent/Legal Guardian's electronic signature for consent to give permission to communicate personally identifiable information concerning their child's early intervention treatment by e-mail, that signature must also include an electronic signature validation marker (available through applications like Adobe Acrobat, DocuSign, etc.) that includes the signature date and time on the form. If that safeguard is not available, the Parental Consent to Use E-mail to Exchange Personally Identifiable Information Form must be printed to allow the parent/legal guardian to sign for consent on the paper copy.