



## AUTHORIZATION FOR USE OF SECURE EMAIL

As you are probably aware, it is impossible to protect the confidentiality of information that is transmitted electronically. Therefore, we are increasing email security by using a system that encrypts, and provides protection for information shared via email.

If you are emailing the office, we will email you back using our secure email system. You will not be able to use our system to start an email conversation. However, you can request that we set up the secure email for that particular communication.

Please note that secure emails are permanently deleted in 2 weeks.

Email is to be used primarily to schedule appointments and share documents. Emails with personal information or updates are strongly discouraged since psychological services are best provided through more direct contact between the client and our office.

You will need to choose a password. From the list below, check the box next to the security question you choose, and write your answer (your password) on the line provided. **Choose 1 question only.**

### Security Questions:

- 1) Where did you go the first time you flew on a plane?
- 2) What is your favorite musical group?
- 3) What was the last name of your favorite elementary school teacher?
- 4) What is your favorite ice cream flavor?
- 5) What is the last name of your oldest friend?

Answer (your password): \_\_\_\_\_

Email address: \_\_\_\_\_

### **Acknowledgement**

I have read this form (or had it read to me) and understand the terms of this Authorization. I have had an opportunity to ask questions about email and secure email communication. I understand I can refuse to sign this Authorization.

\_\_\_\_\_  
Client Name (Parent/Guardian if client is a minor)

\_\_\_\_\_  
Client Signature (Parent/Guardian if client is a minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date