

Client Name & DOB: _____

Email Communication Preferences Erin Bushman Nutrition

Erin Bushman Nutrition (“my dietitian”) will use appropriate safeguards designed to prevent against unauthorized use or disclosure of protected health information. My dietitian uses email that is compliant with the Health Insurance Portability and Accountability Act (HIPAA). However, I understand that the privacy and security of email communication to and from my dietitian cannot always be guaranteed secure and confidential. I agree that Erin Bushman Nutrition shall not be liable for any breach of confidentiality that may result from the use of e-mail.

I understand that e-mail should not be used for urgent matters since technical or other factors may prevent a timely answer. I understand that I should contact 911 or visit the nearest emergency room if I am feeling unsafe or experiencing a life-threatening emergency. I understand that if I use email to request scheduling changes, it is my responsibility to confirm that my dietitian has received my communication more than 48 hours before the appointment time being changed.

I understand that my dietitian has advised me not to send identifying information such as social security numbers or insurance identification information via email.

I hereby give permission for my dietitian to reply to my messages via e-mail, including any information that she deems appropriate, that would otherwise be considered confidential. I understand that my dietitian may at times e-mail me information about resources that I can use as part of my treatment. I hereby consent to receive such information via e-mail.

I understand that I am free to email my dietitian brief messages or questions, but that frequent and more detailed email communication is an additional service that requires payment. I will ask about this service if I am interested in participating.

I understand that all e-mail communications may be made part of my permanent medical record and would be accessible to anyone given access to those records. I also understand that I may withdraw permission for my dietitian to communicate with me via e-mail by notifying my dietitian in writing.

Please check your preferences below:

- I do not want to use email to communicate and will be available by phone.
- I would like to communicate via brief email messages with no fee. My signature below indicates my agreement to the above policies.
- I am interested in learning more about more frequent email communication as a paid service.
- I would like to sign up for frequent email communication and understand there is a fee.

<i>Client's Printed Name</i>	<i>Client's Date of Birth</i>
<i>Client's Signature</i>	<i>Date</i>
<i>Guardian Signature (for clients under 18 years old)</i>	<i>Date</i>
<i>Email Address</i>	