

## Request for Non-secure E-Mail Communications

I consent to the exchange of information electronically to and from the Outagamie County Health and Human Services (DHHS). Such information may include confidential and private health information.

I understand and agree that DHHS will use reasonable means to protect the security and confidentiality of information transmitted or received by e-mail, however, DHHS cannot guarantee the security and confidentiality of e-mail communication and I hold DHHS harmless for any improper disclosure of confidential or private health information not caused by DHHS.

I understand and agree that I may choose not to communicate by e-mail and that I have been given other options to communicate with DHHS. I have opted to communicate by e-mail as a convenience to me.

DHHS will endeavor to read and respond to my e-mails, however, I understand and agree that responses to my e-mails may not be in a timeframe appropriate for emergencies and I will not use e-mail to communicate about medical emergencies or time sensitive matters.

I am responsible for protecting any password or other security measures necessary to transmit or receive e-mails from DHHS. DHHS is not liable for breaches of confidentiality caused by me or a third party.

I am 18 years old, or an emancipated minor and am, therefore, competent to sign this consent or I am a child or unable to sign for myself and signatures will be done by parents or guardian.

This release is valid for one year from the date signed.

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Consumer Name and DOB Printed

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Consumer Signature

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Parent/Guardian Name Printed

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Parent/Guardian Signature

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Date Signed