

# CONSENT FOR EMAIL

The undersigned client\* or responsible adult\*\* consents to and authorizes LAC-DMH Authorized Workforce members at:

\_\_\_\_\_  
Name of Facility and/or Program

to use secure email to communicate with me for the following purposes:

- Scheduling appointments
- Sending reminders of appointments and/or treatment instructions
- Relaying factual mental health information that was previously discussed with me.

The undersigned understands:

1. Email should never be used for emergency purposes. The email system does not have a 24-hour monitoring services nor can the system guarantee delivery of email messages in a timely manner. In the case of an emergency, please dial 911.
2. Consenting to the use of secure email is at the undersigned's request.
3. Email will never be used for diagnostic or treatment purposes and requests to be assessed or treated through email will not be honored.
4. Email is not an instant messaging system. There will likely be a delay, up to several days, between the time I submit an email and the point at which my treating provider reads and responds to the email. I will not know if the information in the email has been seen, and I cannot anticipate when I will receive a response.
5. By signing this consent, I agree to allow the Los Angeles County – Department of Mental Health (LAC-DMH) staff to send information about my mental health condition and care via secure email.
6. Information sent via email may assist mental health staff in treatment and scheduling.
7. The ability to use email may be rescinded by me or mental health staff at any point in which I or mental health staff believe email is not the most appropriate means of communication for me.
8. Any unauthorized use of email should be reported to mental health staff as soon as possible.
9. Although the email will be sent through a secure means, there is a risk that an email intended for me may be inadvertently sent to the wrong email address.

**I have read this document carefully and understand the above information. By signing below, I acknowledge and consent to use of email for communication for the purposes described above.**

\_\_\_\_\_  
First Name and Last Name of Client

\_\_\_\_\_  
Signature of Client\*

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
First Name and Last Name of  
Responsible Adult

\_\_\_\_\_  
Signature of Responsible Adult\*\*

\_\_\_\_\_  
Relationship to Client

\_\_\_\_\_  
Date

This Consent was interpreted by \_\_\_\_\_ (name of interpreter) in \_\_\_\_\_ (language) for the client and/or responsible adult.

*If a translated version of this Consent was signed by the client and/or responsible adult, the translated version must be attached to the English version.*

The above information including email address has been confirmed to be legible by \_\_\_\_\_  
First Name and Last Name of DMH Staff

Signatory  was given /  declined a copy of this two-page Consent on \_\_\_\_\_ by \_\_\_\_\_  
Date Initials

### **This section must be completed by Staff if consent is withdrawn.**

Client had previously provided Consent but now wishes to withdraw Consent as of \_\_\_\_\_ (date)

\_\_\_\_\_  
First Name and Last Name of Staff

\_\_\_\_\_  
Signature of Staff

\_\_\_\_\_  
Date

\* A minor client receiving services under his/her own signature must have the signed Consent of Minor form on file in the clinical record.

\*\* Responsible Adult = Guardian, Conservator, or Parent of minor when required.

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.

Name:

IS#:

Agency:

Provider #:

**Los Angeles County – Department of Mental Health**

# CONSENT FOR EMAIL

### **What is secure email and why is it used?**

Regular email is sent as clear text that could potentially be intercepted by an unauthorized source and result in a security breach.

Typically, senders encrypt messages to prevent important or confidential information from getting into the wrong hands.

Encryption is the process of transforming information using a special computer program that will make it unreadable to anyone except those that are intended to and have authorization to access the confidential data.

Often, when individuals or organizations send encrypted email, they want to protect confidential information for the benefit of the recipient. In some cases, senders are required to maintain confidentiality because of government regulations or statutes.

The Health Insurance Portability and Accountability Act (HIPAA) includes email security and privacy regulations requiring all individually identifiable health care information be protected to ensure privacy and confidentiality when stored, maintained or transmitted electronically. Any email containing electronic Protected Health Information (ePHI) sent via email over the Internet must be secured.

DMH Secure Email will enable clients to communicate easily and securely with LAC-DMH workforce members. There is no cost for DMH clients associated with DMH Secure Email.

### **How does a secure email look and how can it be read?**

When a secure email is sent, the recipient will receive the following files:

1. Notification email message: The notification message indicates that someone has sent a secure, encrypted message in the form of a Registered Envelope. The notification also includes links to information about Registered Envelopes and Cisco Registered Envelope Service.
2. Encrypted message file attachment: The notification message includes an encrypted message file attachment. The file attachment is named "securedoc.html." This file contains both the Registered Envelope and the encrypted content. To view the Registered Envelope, the file attachment must be saved to the local drive. Opening this attachment will allow the recipient to self-enroll and create an account that will not only allow the recipient to read encrypted email, but to send or reply to emails in a secure and encrypted format. For complete instructions on how to access, read or respond using secure email please see link below.  
[http://file.lacounty.gov/dmh/cms1\\_180460.pdf](http://file.lacounty.gov/dmh/cms1_180460.pdf)

### **What happens if I choose not to consent to the use of secure email?**

Without the consent for email, LAC-DMH workforce members will not initiate emails with clients or offer client's their email address as a mode of communication. If a client initiates email with a LAC-DMH workforce member, the staff will respond to the client via other means of communication (e.g., telephone or mail).