## Early Intervention Parental Consent to Use E-mail to Exchange Personally Identifiable Information with the Rockland County Department of Health

	DOB
Parent's Name	
E-mail Address:	
At your request, you have chosen to communicate personally identifiable is child's preschool services by e-mail without the use of encryption. Sending information by e-mail has a number of risks that you should be aware of processes include, but are not limited to, the following:	g personally identifiable
•E-mail can be forwarded and stored in electronic and paper format easi parent.	ly without prior knowledge of the
•E-mail senders can misaddress an e-mail and personally identifiable intrecipients by mistake.	formation can be sent to incorrect
•E-mail sent over the Internet without encryption is not secure and can be parties.	be intercepted by unknown third
•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 receive	ver have deleted the messages.
•Employers and online service providers have a right to check e-mail se can contain harmful viruses and other programs.	nt through their systems. • E-mail
Parental Acknowledgement and Agreen	nent
I acknowledge that I have read and understand the items above which desce-mail to communicate personally identifiable information.	ribe the inherent risks of using
Nevertheless, I,, authorize	my child's Initial Service
Coordinator, whose e-mail addre	ess is
Coordinator, whose e-mail addre  ISC's Name to communicate with me  ISC's e-mail address	
to communicate with me ISC's e-mail address	at my e-mail address,
	at my e-mail address,
to communicate with me ISC's e-mail address	at my e-mail address,  Child's Name  communication regarding service use of e-mail without encryption