



CONSENT FOR TRANSMISSION OF PERSONAL AND HEALTH INFORMATION BY EMAIL

PATIENT’S INFORMATION:

LAST NAME	FIRST NAME	DATE OF BIRTH
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Arkansas Families First, LLC (“Clinic”) offers patients the opportunity to communicate by Email for non-urgent matters. This form provides the guidelines regarding Email communications and documents your consent.

IN CASE OF A MEDICAL EMERGENCY, DO NOT USE E-MAIL. CALL 911

EMAIL USE: Email communications should be between the Clinic and an adult patient 18 years of age or older, or the parent or guardian of a minor.

DO NOT USE EMAIL FOR THE FOLLOWING: Do not use email to communicate sensitive medical information such as diagnosis, personal and family information, treatment records etc. Do not send attachments or forwarded emails. Do not use Email to request records. Please call 501-812-4268.

PRIVACY, SECURITY, AND CONFIDENTIALITY: Although Arkansas Families First, LLC, has implemented reasonable technical safeguards, the Clinic cannot and does not guarantee the privacy, security or confidentiality of any Email messages sent or received over the Internet. There is a potential that Email sent or received over the Internet can be intercepted, altered, forwarded, and/or read by others. The Clinic is not responsible for Email messages that are lost due to technical failure during composition, transmission, or storage. The Clinic will not forward Emails to independent third parties without your prior written consent, except as authorized or required by law. If any of this is a concern to you, you should not communicate with the Clinic through Email.

CREATING A MESSAGE: In the “Subject” line of the email, please include general topic of your message (i.e. appointment, billing question, prescription, etc.). In the body of the message, please include the patient’s name and date of birth. This information is necessary to verify your identity and make sure we pull the correct medical file. Content of the Email should only be used for non-sensitive and non-urgent issues.

EMAIL MESSAGE: Communications are appropriate for administrative tasks only, such as the following types of transactions:

- Appointment scheduling;
- Requests for Resources
- Referrals

RESPONSE TIME: Although Arkansas Families First Clinics will endeavor to read and respond within 24 hours to any Email, we cannot guarantee that any particular Email will be responded to within any particular period of time. If you have not received a response within 3 days, please call your Clinic.

DOCUMENTATION: Email communications regarding treatment will be documented in your Medical Record by placing a copy of the message in your file.

ENDING EMAIL: You may discontinue using Email as a means of communication by sending an Email or letter to the Clinic.

COPY: A copy of this consent form may serve as the original. I know that I have a right to obtain a copy of this consent form if I request one.

I acknowledge that I have read and fully understand this consent form and that I voluntarily request the use of Email as one form of communication with Arkansas Families First, LLC.

Patient’s Signature or Signature of Parent/Legal Guardian if Patient is under 18:	Date:
Print Name:	Relationship to Patient: