

Clark County, Wisconsin
Title: HIPAA - Electronic Messaging Consent Form

Subject's Name	
Name of Legal Custodian (if different than subject)	
Name of Clark County Department	

Clark County is committed to protecting the integrity of confidential medical information. Clark County acknowledges the use of electronic messaging for the transmission of such information can provide convenience and efficiency to clients that Clark County serves. Clark County has adopted safeguards to minimize risks associated with electronic messaging through Clark County's HIPAA – Electronic Messaging Policy and General Technology Policy, which are available by request. However, Clark County can only transmit confidential medical information if you know the risks of such transmission and agree to receive confidential medical information through electronic communication.

The following risks exist with the electronic transmission of confidential medical information:

1. Electronic messaging systems (i.e. email, mobile text messages, etc.) are unsecure even with safeguards.
2. Messages may be accessed by other people or devices that are not intended to be recipients of the messages.
3. Once messages are transmitted, the messages or information within the messages may be forwarded and/or used without the sender's or intended recipient's permission or knowledge.
4. Messages may be copied to a backup, database, or file which is accessible to others without the sender's or intended recipient's permission or knowledge.
5. Messages may be sent, received, and accessed by unintended recipients.
6. Messages may be falsified or manipulated prior to receipt without the sender's or intended recipient's permission or knowledge.
7. Messages may be sent by a device or an account that is being controlled by someone other than the known sender.
8. Messages may contain viruses or other data that may be harmful to the recipient's device.

With knowing and understanding the risks stated above, I hereby provide the following consent with respect to electronic transmission of the subject's confidential medical information (check all that apply):

- _____ I **agree** to communicate with the stated Clark County department using **email**.
 Email address: _____
- _____ I **agree** to communicate with the stated Clark County department using **mobile text messaging**.
 Mobile number: _____
- _____ I **do not agree** to communicate with the stated Clark County department using **email** or **mobile text messaging**.

By signing this form below, I am providing my free, voluntary, and informed consent to transmit the subject's confidential medical information as I stated on this form subject to the terms herein. I have reviewed the risks associated with the electronic communication of confidential medical information and had the opportunity to ask questions. I understand the risks and my rights including my right to revoke this consent at any time for any reason. I certify I have the authority to bind the stated subject.

Subject's Signature	
Legal Custodian's Signature (if different than subject)	
Relationship of Legal Custodian to Subject	
Date	

Department hereby acknowledges receipt of the HIPAA - Electronic Messaging Consent Form.

Supervisor/Department Head Name	
Supervisor/Department Head Signature	
Date	