



REQUEST TO COMMUNICATE MY/MY CHILD'S PERSONAL HEALTH INFORMATION ELECTRONICALLY WITH THE
UAB ADOPTION CLINIC AT CHILDRENS OF ALABAMA

Risk of Using Email:

The UAB Adoption Clinic at Children's of Alabama (AC) offers you the opportunity to communicate with our office and medical team by Electronic Mail (herein after referred to as email) and text messaging. However, transmitting patient information electronically (such as electronic mail or texting) has a number of risks that should be considered. These include and are not limited to, the following:

- Can be sent over non-secure environments and can be subject to hackers.
- Can be circulated, forwarded, and stored in numerous paper and electronic files.
- Can be immediately broadcast worldwide and be received by many intended and unintended recipients.
- Can easily be sent to wrong recipient.
- Can be intercepted, altered, forwarded, or used without authorization or detection.

General Guidelines for Use:

- Inform AC of changes in your email address.
- Identify the patient by name and birthdate in the body of your email.
- Should not be used for emergent or urgent communication related to your child's care.
- Review your email to make sure that it is clear and that all relevant information is provided before sending to AC.
- Take precautions to preserve the confidentiality of your email, such as using screen savers and safe guarding your computer password.

If you no longer wish to communicate with The ADOPTION Clinic by email, you agree to notify the provider immediately in writing, either by email or written correspondence.

Special Communication Guidelines:

Please inform your healthcare provider if there any special communication guidelines or if you are requesting any restrictions on your email other than those indicated above. _____

Acknowledgment in Agreement

I acknowledge that I have read and fully understand the risks associated with the communication of email and text messages between the AC and myself/my child. I wish to communicate electronically with the AC and my healthcare providers. In addition, I hereby release AC (including University of Alabama in Birmingham and Children's of Alabama) and my healthcare provider from any and all liability for the actions AC and my healthcare provider takes under this request. I represent that I am authorized to make this request. By signing below, I indicate my agreement. Except if revoked in writing or by email to the AC 1600 7th Avenue South CPPI 302 Birmingham, AL 35233

Parent Name: _____ Address: _____

Email address: _____

Signatures of Parents\Legal Guardians\Prospective Parents:

_____ Date: _____

Please complete this form and email it to us at
adoption@uabmc.edu

UAB Department of Pediatrics, The ADOPTION Clinic, CPPI - Suite 302