

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 (TAC) 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 TAC 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 TAC.
- 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 TAC and myself/my child. I wish to communicate electronically with the TAC and my healthcare providers. In addition, I hereby release TAC (including University of Alabama in Birmingham and Children's of Alabama) and my healthcare provider from any and all liability for the actions TAC 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 TAC 1600 7<sup>th</sup> Avenue South CPPI 310 Birmingham, AL. 35233

Parent Name: \_\_\_\_\_ Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Signatures of Parents\Legal Guardians\Prospective Parents:

\_\_\_\_\_ Date: \_\_\_\_\_

Witness signature: \_\_\_\_\_ Date: \_\_\_\_\_

UAB Department of Pediatrics, The ADOPTION Clinic, CPPI - Suite 310