

**11 -10th Ave S, Suite A**

**Hopkins, MN 55343**

**Statement of Understanding: Use of E-MAIL (electronic mail)**

I acknowledge and understand the following issues related to the use of electronic mail (e-mail).

* I understand that e-mail is not a form of therapy or counseling, particularly involving issues of an urgent nature. E-mail is just another means of communicating, along the lines of telephones, cell phones, texting, etc.
* Hears Hearing & Hearables makes no guarantee of a response within a certain period. If I send an e-mail to my audiologist, it may be minutes, hours, or days before he/she can return my e-mail, although a reply will be done as promptly as possible. Therefore, again, nothing of an urgent nature should ever be sent via e-mail.
* E-mail is not encrypted and, therefore, is not as confidential as mail sent through the United States Post Office or telephone communication. By signing this form, I am agreeing with and I am aware of this potential for compromised confidentiality.
* Although every attempt will be made to keep our communication confidential, I understand that it is possible for e-mail to be intercepted and read without mine or the sender’s knowledge. That is, anyone with access to our computers may accidentally or purposefully read an e-mail intended for only us.
* Hears Hearing & Hearables bears no responsibility for possible loss of privacy or confidentiality by anything communicated through e-mail. I understand that this form of communication will benefit me and my audiologist’s office in discussing non-urgent matters.

Primary e-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My signature below represents that I accept the risk of loss of privacy of confidential information associated with e-mail communication.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_