CENTER FOR CHILDREN WITH SPECIAL NEEDS

Two-Way Release of Information

Tufts Children's Hospital

Child's Name: _____ DOB: _____

Parent Name(s): _____ Primary Phone: _____

_____ Secondary Phone: _____

Address: _____

_____

_____

I hereby give permission to the Center for Children with Special Needs of Tufts Children's Hospital to exchange information and records relative to my child's evaluation. This means that the individuals and agencies listed below have my authorization to release their records pertaining to me or my child's evaluation to the CCSN, and also means that the CCSN can release records to the individuals and agencies listed below. This release of information also gives permission for the CCSN and the individuals and agencies listed below to exchange information by telephone and fax.

If my child's school is funding these evaluations, I give permission to send the results of my child's testing to the school system, which has contracted with the CCSN. I understand that if I do not give permission for these records to be released I am financially responsible for payment of the evaluations.

Primary Care Physician (PCP): _____ Name: _____

Address: _____ Phone Number: _____

School System/Daycare: _____ Contact Name: _____

Phone Number: _____ Email: _____

Address: _____

Other professionals involved
(e.g. Early Intervention, therapist, social worker):

Contact Name: _____

Email: _____

_____

Phone Number: _____

Address: _____

Signature* _____ Date _____

Relationship to child _____

**By typing your name above, you are electronically consenting to the content of this document.*
This release is valid for one year from date of signing.

continued

TWO-WAY RELEASE OF INFORMATION BY EMAIL

I wish to send e-mail about my child's health care to my clinician (doctor or other allied health professional) at CCSN, Tufts Medical Center ("Clinician"), and I request that my Clinician exchange information including sending e-mail about my child's health care to me, other clinicians or specified school personnel.

I authorize my Clinician to send me e-mail at the following e-mail address, including e-mail containing my child's protected health information (the privacy of which is protected under federal and state law):

Parent email: _____

I have read and understand the contents of this Consent and Release (see Email Communication Guidelines below) and agree to the terms. I understand that email is for NON-URGENT matters only.

Parent/Guardian's Signature*: _____ Date: _____

Parent/Guardian's Name (print): _____

**By typing your name above, you are electronically consenting to the content of this document.*

E-MAIL COMMUNICATION GUIDELINES

I understand and agree to the following guidelines for e-mail communication:

- Urgent matters or emergencies should not be the subject of e-mail correspondence. I will contact my Clinician directly regarding such matters.
- I understand that, due to various technical limitations, unpredictably, e-mails may be delayed and some e-mail may never be delivered. In addition, there is no certainty that my Clinician will in fact read the e-mail in a timely fashion, even if it is delivered without delay. For example, my Clinician may be out of town or ill. I will contact my Clinician's office by telephone if I do not receive a response to an e-mail or if I require a faster response than e-mail allows.
- Certain issues are appropriately addressed only through an office visit. My Clinician will inform me if he/she believes that a particular issue is inappropriate for e-mail and requires an office visit.
- E-mail messages I send to Clinician should be as concise as possible and should include my full name and my child's name and hospital card number.
- To preserve confidentiality, certain kinds of sensitive information (for example, information relating to sexually transmitted diseases, or alcohol or substance abuse treatment) should not be the subject of e-mail communication.
- My refusal to adhere to these guidelines shall be grounds for termination by my Clinician of e-mail correspondence.

Additional Terms

I understand the security and privacy limitations of e-mail communication which apply to the communications contemplated in this Consent. Specifically:

- I understand that my Clinician and Tufts Medical Center do not encrypt e-mail, and therefore it may be subject to interception on the internet. This could result in breaches of the confidentiality and privacy of my health information.
- I understand that due to the inherent nature of the Internet, e-mail may be read by un-intended recipients who may or may not be identified. For example, I understand that e-mail may be read by personnel at my commercial e-mail service provider, if I am using such a service provider, and I will check with my service provider if I need clarification or more information.
- If the e-mail account I have identified above is maintained by my employer, I understand that my employer may gain access to any health information that I e-mail or that my Clinician e-mails to me at this account, and I will check with my employer if I need clarification or more information.
- I understand that neither Clinician nor Tufts Medical Center will use my e-mail address for marketing purposes.
- I understand that I may revoke this authorization at any time by providing written notice to my Clinician; however, e-mail communication may continue until the revocation is received and processed.

Release from Liability

I hereby indemnify and hold harmless Clinician, Tufts Medical Center, and his/her and its respective employees, agents, officers, directors, contractors and affiliates from any liability relating to or arising out of the loss of information transmitted or attempted to be transmitted by e-mail, any delay in e-mail transmission, any interception by unauthorized recipients, or breach of confidentiality or privacy resulting from technical or process failures of any nature, and from any liability relating to or arising out of any breach of my confidentiality or privacy which may result from the use of unencrypted e-mail.