



Parental Consent to Use Email Personally Identifiable Information

Child's Name: _____

Child's DOB: _____

Parent's Name: _____

Parent's Email: _____

At your request, you have chosen to communicate personally identifiable information concerning your child by email without the use of encryption. Sending personally identifiable information by email has a number of risks that you should be aware of prior to giving your permission. These risks include, but are not limited to, the following:

- E-mail can be forwarded and stored in electronic and paper format easily without prior knowledge of the parent.
- E-mail senders can misaddress an e-mail and personally identifiable information can be sent to incorrect recipients by mistake.
- E-mail sent over the Internet without encryption is not secure and can be intercepted by unknown third parties.
- E-mail content can be changed without the knowledge of the sender or receiver.
- Backup copies of e-mail may still exist even after the sender and receiver have deleted the messages.
- Employers and online service providers have a right to check e-mail sent through their systems.
- E-mail can contain harmful viruses and other programs.

Parental Acknowledgement and Agreement

I acknowledge that I have read and understand the items above which describe the inherent risks of using e-mail to communicate personally identifiable information. Nevertheless, I, _____, authorize Clarke School administration, teachers, therapists or audiologist who work with my teacher and whose e-mail address ends with @clarkeschools.org to communicate with me at my e-mail address, _____ concerning my child's participation in school, therapy or audiology areas including but not limited to communication regarding service delivery, his/her progress and any other related matters. I understand that use of e-mail without encryption present the risks noted above and may result in an unintended disclosure of such information.

(Optional) In addition, I give permission for member of my child's treatment team to communicate personally identifiable information concerning my child with each other using unencrypted e-mail. I give permission to Clarke and the individuals below who use unencrypted e-mail to communicate with each other about my child include:

- 1.) _____ with the email address: _____
- 2.) _____ with the email address: _____
- 3.) _____ with the email address: _____
- 4.) _____ with the email address: _____
- 5.) _____ with the email address: _____

Parent's Signature: _____ Date: _____

Common email address patterns are:

Firstname.lastname@nyumc.org firstinitiallastname@nyee.edu firstinitiallastname@chchearing.org

If your child goes to Cornell, Montefiore, Westchester Medical, Columbia Pres., ask the provider for their email.

Please indicate if all members of a cochlear implant center or medical practice are included or just certain people.