



# Canvas Health Inc.

7066 Stillwater Boulevard North  
Oakdale, MN 551283937

## UNSECURE DATA CONSENT

You have requested to communicate with Canvas Health by non-secure electronic data route. Non-secure electronic data route can be defined as but, not limited to non-secure email and/or texting. While exercising your rights under 45 CFR 164.524(c)(2)(i), Canvas Health requires that you understand the risks and conditions associated with sending non-secure electronic data containing your private health information. You must read and agree to the following risks and conditions of electronic data communication.

### 1. Risk of Using Electronic Data Communication

We caution clients from communicating by electronic data communication which includes but, may not be limited to emails and texting. Transmitting non-public information data by electronic data communication has a number of risks that must be considered. These include, and are not limited to:

- \* Electronic data can be circulated, forwarded, and stored in numerous paper and electronic files.
- \* Electronic data can be immediately broadcast worldwide and be received by many intended and unintended recipients.
- \* Electronic data senders can easily misaddress an Email or text message.
- \* Electronic data is easier to falsify than handwritten or signed documents.
- \* Backup copies of electronic data may exist even after the sender or recipients have deleted their copy.
- \* Employers and on-line services have a right to archive and inspect electronic data transmitted through their systems.
- \* Electronic data can be intercepted, altered, forwarded, or used without authorization or detection.
- \* Electronic data can be used to intentionally or unintentionally distribute a virus, which can destroy or harm electronic systems and electronic data.

### 2. Conditions for the Use of Electronic Data

Canvas Health will use reasonable means to protect the privacy of electronic data being sent and received. Because of the risks outlined above, we cannot guarantee the privacy of electronic data communication. Therefore individuals electing to receive non-secure electronic data must consent to the use of non-secure

electronic data transmission. Consent to the use of non-secure electronic data transmission includes agreement with the following conditions:

- \* All electronic data may become part of the client's record either in its entirety or as a summary. Because they may become part of the record, other individuals authorized to access the record may also have access to the electronic data.
- \* As necessary to provide service and to secure reimbursement we may forward electronic data internally to other Canvas Health staff and to those to whom you have authorized release of information. We will not forward non-public electronic data to independent third parties without your prior written consent except as authorized or required by law.
- \* Although we will try to read and respond promptly to electronic data, we cannot guarantee that any particular electronic data will be read and responded to within any particular period of time. Therefore you should not use electronic data communication for emergencies or other time-sensitive matters.
- \* If your electronic data communication requires or invites a response from us and you have not received a response within a reasonable time period, it is your responsibility to follow up to determine whether the intended recipient received the electronic data and when the recipient will respond.
- \* You should not use non-secure electronic data transmission for communication regarding sensitive medical, mental health, or chemical health information.
- \* You are responsible for informing us of any types of information that you desire not to be sent by non-secure electronic data transmission in addition to those listed in the above sentence.
- \* You are responsible for protecting your password or other means of access to electronic data. We are not liable for breaches of privacy caused by you or any third party.

**3. Communicating by Electronic Data Transmission**

To communicate by electronic data transmission you will:

- \* Avoid the use of your employer's computer or other computers, easily assessable to others.
- \* Inform us of changes in your electronic data address(es).
- \* Avoid placing any private information on the subject line.
- \* Review the electronic data to make sure that it is clear and that all relevant information is provided before sending to us.
- \* Take precautions to preserve the privacy of electronic data such as using and safeguarding your computer passwords or access codes.
- \* Withdraw consent for non-secure electronic data communication only through written communication to us.

**Acknowledgment and Agreement**

I acknowledge that I have read and fully understood this consent form. I understand the risks associated with the communication of non-secure electronic data transmission between Canvas Health and me and consent to the conditions outlined herein. I agree to the instructions for communicating by non-secure electronic data transmission as outlined here, as well as any other instructions that Canvas Health may impose to communicate using non-secure electronic data transmission. I agree that because of my written agreement that use of non-secure electronic data transmission to communicate with me concerning non-public data is a reasonable and proper way to communicate with me.

I wish to communicate by: \_\_\_\_\_ E-Mail \_\_\_\_\_ Text

Client or Parent Email Address: \_\_\_\_\_

Client Cell Phone Number: \_\_\_\_\_

This will auto inject to the form if it has been complete in the Client info Section

**Minor Client**

The minor child (between 13 to 17 years old) may communicate through texting or emailing. I understand that they may struggle to understand consent and ramification of email and texting.:

I give permission for my child to communicate via text or email. \_\_\_\_\_

I do not wish for my child to communicate via text or email. \_\_\_\_\_

Minor Client Email Address: \_\_\_\_\_

Minor Client Cell Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

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