

PERMISSION FORM FOR USE OF E-MAIL

DATE _____ PATIENT # _____

NAME OF PATIENT _____

DATE OF BIRTH _____ TELEPHONE # _____

EMAIL ADDRESS: _____

SCOPE OF PERMITTED USE OF EMAIL

I permit Planned Parenthood of Central North Carolina to use this e-mail address for the following, limited purposes:

- * To notify me regarding problems with my credit card payment for my prescription (PPCNC will not identify your credit card number in the email, we will only inform you that we could not process your credit card)
- * To notify me of the upcoming expiration of my prescription (PPCNC will not identify your prescription, we will only inform you that the prescription you have with us is about to expire)
- * To notify me of the upcoming expiration of my credit card (PPCNC will not identify your credit card number, we will only inform you that the credit card we have on file is about to expire)
- * To notify me of any requirements for updating information in order to send my prescription

RISKS OF USING E-MAIL

E-mail is not reliable, secure, or private. For example:

- E-mail can be hacked. (Unauthorized people can intercept it, alter it, or use it).
- E-mail can be sent to the wrong person, lost, or subject to other sending errors.
- E-mail may come from someone other than the named sender.
- E-mail is easier to fake than handwritten, signed papers.
- Anyone with access to an e-mail account will have access to all messages in that account. This includes those who have permission to use the e-mail account as well as those who don't.
- Anyone who gets or has access to an e-mail can read, forward, copy, delete, or change it. This includes those who have permission to use the e-mail account as well as those who don't.
- Any deleted e-mails can be found again.
- E-mail services have a right to save and check e-mail sent through their system.
- E-mail can spread viruses.

I acknowledge and accept that the agreed upon e-mails sent to and from Planned Parenthood of Central North Carolina may be read by everyone who gets or has access to them. They will know that the messages are from Planned Parenthood of Central North Carolina, and they will be able to view their content.

CONDITIONS

1. I have read and agree to the above Scope of Permitted Use of E-mail.
2. I have read and accept the above Risks of Using E-mail.
3. This permission form will end (insert date or event), or when I cancel it.
4. I may cancel this permission form at any time by notifying Planned Parenthood of Central North Carolina in writing. It will be effective on the date Planned Parenthood of Central North Carolina is notified of my cancellation, and no further e-mails will be sent to me by Planned Parenthood of Central North Carolina after the date this permission form is cancelled.
5. If I allow sharing of these e-mails to anyone outside Planned Parenthood, they are no longer protected by privacy rules.
6. My healthcare and payment for my healthcare will not be affected if I do not sign this permission form.
7. I have been offered a copy of this signed permission form.
8. I agree to release and hold harmless Planned Parenthood of Central North Carolina from any liability that may result from using e-mail to communicate with me. This includes, but is not limited to, breaches of confidentiality or privacy that may come from using e-mail (except as required by law).
9. I understand that e-mails from Planned Parenthood of Central North Carolina may include my name and a Planned Parenthood of Central North Carolina clinic name, location, and phone number.

PLEASE NOTE: Please do not send any emails to Planned Parenthood of Central North Carolina, even in response to those emails Planned Parenthood of North Carolina has sent to you. Instead, Planned Parenthood of Central North Carolina encourages you to communicate with its health centers by phone or in person.

Patient signature **Date**

Parent/legal guardian/authorized person signature **Date**

For Office Use Only	
Date request filled _____	By _____
Identification presented _____	
Form of Identification _____	