



Communications Policy

Email

Ability Occupational Therapy Services, LLC utilizes email to transmit patient-related communications. This method of communication can be very helpful and convenient, but is not guaranteed to be secure. Whenever possible, **Ability Occupational Therapy Services, LLC** will utilize a secure method, such as Direct Secure Messaging. If that is not available, there is some risk that any protected health information that may be contained in such email may be disclosed to, or intercepted by, unauthorized third parties. We will use the minimum necessary amount of protected health information to respond to queries, and will make every effort to keep patient protected health information secure, in accordance with State and Federal law. If you do not want to be contacted via email, do not initial or write your email address at the end of this document.

E-mail communication is a convenience and not appropriate for all circumstances. Please remember the following:

- Email is not to be used for emergencies or time-sensitive issues. If you have an urgent question related to services provided by **Ability Occupational Therapy Services, LLC** please remember that we only check email and voicemail periodically during business hours, and may not check at all during the hours we are closed.
- No one can guarantee the privacy of e-mail messages. Your employer may have the right to access any e-mail received or sent from your work computer.
- **Ability Occupational Therapy Services, LLC** is not responsible for access of protected health information due to your negligent sharing or loss of your User ID and password or email accessible when unattended. Any protected health information accessed in this manner may be available to others and is no longer protected by **Ability Occupational Therapy Services, LLC's** privacy practices.
- Some videoconferencing services, such as Skype, may retain certain personal information for its users. This could include user contacts and addresses, and other personal information you provide to the service. You should review the privacy policy for the internet service provider if you have any questions about the confidentiality of such information.

Fax Policy

Ability Occupational Therapy Services, LLC utilizes facsimile to transmit patient-related communications. The fax may originate from our electronic medical record, our electronic fax, or our dedicated fax phone line. This method of communication can be very helpful and convenient, but is not guaranteed to be secure. There is some risk that any protected health information that may be contained in such fax may be disclosed to, or intercepted by, unauthorized third parties. We will use the minimum necessary amount of protected health information to respond to queries, and will make every effort to keep your information secure, in accordance with State and Federal law.

Receiving Faxes

When **Ability Occupational Therapy Services, LLC** receives a hard copy of a fax, the machine is located in a private office. Received faxes will be removed from the fax machine promptly. When **Ability Occupational Therapy Services, LLC** receives a fax electronically through its computer system, it will be password protected. Senders will be notified of any problems.

PATIENT CONSENT TO ELECTRONIC COMMUNICATIONS

Communication Consent

If you personally wish to communicate with **Ability Occupational Therapy Services, LLC** via Email and/or Fax, please initial the option below and provide a valid email address and/or fax number.

Texting Policy

Ability Occupational Therapy Services, LLC utilizes text messaging to transmit patient-related communications. The text message may originate from our electronic medical record, or mobile device. This method of communication can be very helpful and convenient, but is not guaranteed to be secure. There is some risk that any protected health information that may be contained in such text message may be disclosed to, or intercepted by, unauthorized third parties. We will use the minimum necessary amount of protected health information to respond to queries, and will make every effort to keep your information secure, in accordance with State and Federal law.

Please **initial** the appropriate lines below.

_____ I do wish to communicate via email. Email address: _____

_____ I do wish to communicate via text message. Phone number: _____

Please choose **only one** of the following:

_____ I would like appointment reminders sent via email

_____ I would like appointment reminders sent via text message

_____ I would like appointment reminder via phone call

_____ I do wish to communicate via fax. Fax number: _____

_____ I do **not** wish to communicate via text

_____ I do **not** wish to communicate via email

_____ I do **not** wish to communicate via fax

_____ I do **not** wish to communicate via voicemail

I have received, read and understand the Email and Other Electronic Communications Policy and have initialed my communication preferences above. If I have authorized email communications, I do so with the following understanding:

E-mail can be misdirected to or intercepted and disclosed by unintended third parties and thus may not be a confidential medium of communication. Patients who have concerns should consider using another mode of communication. Patients understand and agree that e-mail transmission is being used for the convenience of patients and **Ability Occupational Therapy Services, LLC** does not warrant the confidentiality and security of this transmission. Patients, and in particular those patients who have multi-user e-mail accounts, are responsible for maintaining the confidentiality and security of their own e-mail accounts.

Telehealth Services-COVID19

Telehealth services are provided for the safety of our patients. They are not required and will only be conducted with the consent of the patient. Telehealth services are subject to the following procedures and understandings:

- Telehealth services are not the same as an in-person visit, as you will not be in the same room as your provider.
- Telehealth services must be scheduled in advance at a designated time agreed upon by both the patient and provider.
- Telehealth services provided via computer should be accessed through a safe and secure connection. Be sure to use a computer that is in a confidential or private area and always fully exit all online counseling sessions when they are complete.
- Telehealth services may also include online functionality, such as posting of notes or chat logs during the session. This information may be printed by your provider, and if so, it will be treated as confidential.

- If telehealth services cannot be conducted due to technical difficulties, you should immediately contact your provider to schedule a new session.
- Telehealth services are not appropriate for all situations. If you are experiencing a crisis situation or emergency, you should contact 911 or go to the nearest emergency room.

Telehealth Consent

Using telehealth services is entirely voluntary and will not impact the quality of care you receive from **Ability Occupational Therapy Services, LLC** should you decide not to use these services. This office will not condition treatment or payment for health care on whether or not you use telehealth services or sign this agreement.

Ability Occupational Therapy Services, LLC is not liable for any claims and/or damages arising from following:

- i. Interruption in the ability to conduct telehealth services due to technical difficulties, technical maintenance, or system failure.
- ii. Access by friends, family members or other third parties who may enter the room on the patient side during telehealth sessions.
- iii. Breaches of privacy and security due to the fault of the third-party videoconferencing provider (such as Skype, WebEx, etc.).

_____ I do wish to use telehealth services. **Ability Occupational Therapy Services, LLC** uses a HIPPA compliant encrypted video platform through the EMR WebPT Encrypted Zoom platform.

_____ I do not wish to use telehealth services. I consent only to the electronic communication methods indicated above.

By signing below, you acknowledge that you have read and fully understand the **Ability Occupational Therapy Services, LLC** Electronic Communications Policy. You have been given the risks and benefits of such services and technologies, and understand the risks associated with online communications with **Ability Occupational Therapy Services, LLC** and consent to the conditions as indicated herein. In addition, you agree to adhere to the policies set forth above, as well as any other instructions or guidelines that **Ability Occupational Therapy Services, LLC** may impose for using the electronic communications.

Name

Date

Patient Name