



## Virtual Communication Consent Form

I acknowledge that I have requested the opportunity to communicate by email, phone or video. I understand that although measures to ensure platforms are HIPPA compliant are in place, by communicating in this manner can come with certain risks that include:

- The privacy and security of email communication cannot be guaranteed
- Employers and online services may have a legal right to inspect and retain emails that pass through their system.
- Email can introduce viruses into a computer system and potentially damage or disrupt the computer.
- Even after the sender and recipient have deleted their copies of the email, it can remain in the back-up of a computer or cyberspace.

Kristin Wootton ND will use reasonable means to protect the security and confidentiality of email information due to the above risks however, she will not be liable for improper disclosure of confidential information that is not the direct result of intentional misconduct.

Email communication may be used for sending resources, clarifying treatment plans, asking questions, etc. No new recommendations or assessments may be done over email.

### Patient Acknowledgement and Agreement

I acknowledge that I have read and fully understand the above. I understand the risks associated with email communication and I consent to communicating by email with Kristin Wootton ND.

**Patient Name:** \_\_\_\_\_

**Patient Email:** \_\_\_\_\_

**Signature:** \_\_\_\_\_  **Date:** \_\_\_\_\_

(please type your name and check the box to indicate signature if completing virtually)