



Permission & 'Read/Understand' Agreements

***Please sign and provide prior or at Initial Consultation**
****Email or Fax is preferred method; however, mail or in-person suffices**

Email: smartcenter06@aol.com (secure/confidential)

**Use word doc or PDF and send as email attachment

Fax: 215-827-5722 (secure/confidential)

Mail: Smart Center ~ 505 Old York Rd. ~ Jenkintown, PA 19046 Attn: Patient Info.

For questions, please contact us via email above or phone: 215-886-6090

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*If you choose not to supply us with signed documents requested, please contact our office

Patient/Parent Contact Information***(List only information that we can use to contact you)**

Date: ___/___/___

Patients Name: _____

Patient's Date of Birth: _____

Mailing/Home address: _____

Phone: (Home) _____

Mother's Name: _____

Mom Cell: _____

Mom's Work: _____

Mom's Email: _____

Father's Name: _____

Dad's Cell: _____

Dad's Work: _____

Dad's Email: _____

PARENT, TEACHER and TREATMENT PROFESSIONAL E-MAIL COMMUNICATION

The Selective Mutism Anxiety Research and Treatment Center (Smart Center) uses email correspondence as a method of communication with parents, teachers and treatment professionals involved in the direct treatment of a specific named child.

--Our office staff uses email to schedule appointments, research participation, send/receive patient reports and billing related documents, answer questions regarding treatment/research policies, etc.

--Our professional staff uses email to send/receive patient records including reports, handouts, consultation-related information, etc.

Email can be an appropriate vehicle for quick, uncomplicated messages and attachments when time and/or confidentiality are not critical factors.

E-mail is not an appropriate communication tool when a parent requires an immediate response or when the requested response would be highly sensitive and/or complex in nature.

While the Smart Center encourages the use of e-mail and respects the privacy of all users, the Smart Center cautions that due to the nature of the technology involved, and the public character of the Smart Center's business, e-mail may be less private than users may anticipate or desire. Consequently, The Selective Mutism Anxiety Research and Treatment Center cannot guarantee the confidentiality of e-mail communication.

Should a parent, teacher or treatment professional wish to engage in e-mail communication with our office or professional staff, the Smart Center requires that the parent of a child/teen being treated at the Smart Center review the waiver set forth below and return it to our office staff. Upon receipt of a response from the parent, our office and professional staff will be authorized to respond to e-mail requests from the identified email address(s) and names of individuals/institutions documented.

Parent Consent To The Release Of Personally Identifiable Patient Information Via E-Mail

Recognizing that transmission via e-mail may not be absolutely secure, I hereby consent to the Smart Center's release of patient records/information via e-mail in response to any request received from the persons, institutions and/or e-mail address(es) set forth below. While the Smart Center will take precautions to avoid accidental release of personally identifiable patient data, I recognize that the Smart Center cannot assure confidentiality in all transmissions via e-mail. It is my intent that this Consent Form shall remain in effect, unless specifically withdrawn or modified in writing, during our child's length of treatment at the Smart Center. I further understand that it is my responsibility to notify the Smart Center if my e-mail address changes.

Please fill in form, print, sign and send back to our office staff by mail, fax or email attachment.

Patient's Name: _____ Parent's Name: _____

Parent's E-Mail: _____ Parent's Phone: _____

Parent's Signature: **X** _____

Names of individuals or institutions approved for Email correspondence:

1. _____ Relationship to child: _____

Email: _____ Phone: _____

2. _____ Relationship to child: _____

Email: _____ Phone: _____

3. _____ Relationship to child: _____

Email: _____ Phone: _____

Email and Fax Correspondence via the Smart Center.

The primary method of correspondence for our office and professional staff is via email and fax.

EMAIL allows us a quick and easy way to correspond about appointment related information (scheduling, invoicing and sending reports and other written information) as well as update you on various Smart Center information.

FAX allows us to send/receive other documents that are relevant to your child's treatment.

However, in order for us to EMAIL or FAX as a way to communicate, we will need your written permission to allow us to do so.

Please know that our email is not shared with anyone other than our immediate staff who schedules, sends out invoices or patient information. We have a virtual fax (efax) that allows faxes to be delivered directly to our private email.

YES, In addition to Mail, I approve of the use of ___ EMAIL and/or ___ FAX to correspond about our child's appointment related information.

Patient's Name: _____

Parent's Name(s): _____

Parent/Patient (>18 yrs old):

Signature: **X** _____

Privacy Practices at the SMart Center

I have read the **NOTICE OF PRIVACY PRACTICES**
At the Smart Center on web practicies

Pages 6-11 within the NEW PATIENT PACKET.

Signature: _____ DATE: _____