



Island Neuropsychology, LLC

Pediatric Neuropsychology
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EMAIL/ELECTRONIC GUIDELINES

Island Neuropsychology, LLC values and respects the privacy and security of our clients, and we work hard to protect our clients and keep their information safe while it is in our control. We are providing you with these guidelines, so you understand the risks and benefits of email communication.

There are risks with communicating over the Internet or using email. There is no guarantee of confidentiality when communicating by email. You are responsible for taking those risks, a few of which are listed below:

- Emails can be intercepted, changed, forged, forwarded, stored, or used without your permission or knowledge.
- Email can be immediately broadcast worldwide and/or posted on the internet or other public networks.
- Emails can be accidentally misdirected, and senders can easily send an e-mail to the wrong address.
- Employers and online services may have a right to store and read emails sent through their systems.
- Email can be used to send viruses, malware, or other harmful codes into computer systems.
- Unencrypted emails are not as secure as encrypted emails. Please be advised that email from Island Neuropsychology, LLC will be sent to you encrypted in a secure email. If you request otherwise, then you are agreeing that you understand and accept the risks of doing so.

We may also place your email communications in your medical record.

In asking us to email you, you understand and agree that Island Neuropsychology, LLC is not responsible for the security and confidentiality of email communications once it leaves our control, including what you do with the information, what happens to the information both in transit and upon arrival, and who else sees the information. You agree to waive and release Island Neuropsychology, LLC, our locations, commissioners, officers, employees, agents, and representatives from all claims, liability, damages, costs and fees relating to the emailing of your information, including unauthorized access or other issues related to choices you have made or direction you have given us.

Signature of Minor Patient

Date

Signature of Parent and/or Legal Guardian

Date

Printed Name of Parent and/or Legal Guardian

Relationship to Minor

Signature of Witness

Date