

Carpenter House, Inc.

4400 Highway 20 East Suite 306
Niceville, FL 32578-5383
Phone: 850-897-7810 Fax: 850-897-0032

Secure E-mail Agreement

Please Remember:

If you have an urgent matter or an emergency situation, you should not rely on e-mail to request assistance. Instead, you should call us directly at 850-897-7810, or call 911, depending on your situation.

E-mail on your computer, laptop, and/or your PDA has inherent privacy risks-especially when your e-mail access is provided through your employer or when access to your e-mail is not continuously password protected.

In order to process and respond to your e-mail in a timely and accurate manner, individuals at Carpenter House Inc. other than your provider will read your e-mail. Your message is not a private communication between you and your provider.

Inherently, e-mails can be misinterpreted. Neither you nor the person reading your e-mail can see the facial expressions or gestures or hear your voice. Again, a face-to-face interaction with your provider is the best choice.

Please Fill Out Below Information:

User's/Patient's Name: _____

User's/Patient's E-mail: _____

User's/Patients Address: _____

User's/Patients Phone Number: _____

Who do you authorize us to communicate Personal Health Information to at the above e-mail address?

I have read, understood, and agree to the above statements of this agreement, I certify the e-mail address provided on this agreement is accurate, and that I, or my designee on my behalf, accept full responsibility for messages sent to or from the provided e-mail. I understand the use of e-mail is not appropriate for urgent matters or emergency situations. I understand any e-mail sent to any carpenterhouse.net e-mail addresses will be read primarily by the office staff and is not a private communication between myself and my provider. I agree to hold harmless Carpenter House Inc. and individuals associated with it from any and all claims and liabilities arising from or related to this agreement,

Signature of Patient or Legal Guardian: _____

Date: _____ **Witness:** _____