



FAMILY COURT SERVICES

320 S. Walnut St., Appleton, WI 54911-5985

Telephone: (920) 832-5660

Fax No.: (920) 832-4418

E-Mail and Videoconferencing Consent Form

The use of e-mail and/or videoconferencing may be used to enhance communication between myself and Outagamie County Family Court Services. I understand there are risks inherent in the electronic transmission of information by e-mail, videoconferencing, or on the internet as communications may be lost, delayed, intercepted, corrupted or otherwise altered, forwarded or used without authorization or detection.

I understand and agree Family Court Services will use reasonable means to protect the security and confidentiality of information transmitted or received by electronic communication, however, Family Court Services cannot guarantee the security and confidentiality of electronic communication. I hold Family Court Services harmless for any improper disclosure of confidential or personal health information not caused by Outagamie County Family Court Services.

I am responsible for protecting any password or other security measures necessary to transmit or receive e-mails from Family Court Services and/or when communicating by videoconferencing. Family Court Services is not liable for breaches of confidentiality caused by me or a third party.

I understand and agree I may choose not to participate in electronic communication, and I have been given other options to communication with Family Court Services. I have elected to communicate by e-mail and/or videoconferencing as a convenience to me.

Consumer Acknowledgement and Agreement:

I acknowledge that I have read and fully understand this consent form. I understand there are risks associated with electronic communication. I consent to the exchange of information to and from Outagamie County Family Court Services and that such information may include confidential and personal health information.

This release is valid for one year from the date signed and can be terminated at any time.

Signature

Print Name

E-mail address

Date

(Office Use Only) Yes ___ or No ___ In lieu of signing the document, client verbally consents to the terms in the above form on _____ (date) _____ (worker's initials)