

Pierce County Department of Human Services
Policy and Operations Manual

AGREEMENT ON USE OF ELECTRONIC MAIL FOR CLIENT COMMUNICATIONS

This Agreement on the Use of Electronic Mail (E-mail) for Client Communications is between Pierce County Department of Human Services (the "Department") and an individual client

The Department has guidelines about the use of e-mail communications.

1. Use of E-mail Communications. You may use e-mail about your care, treatment or administrative matters with the Department. If you are experiencing an emergency or need an immediate response, call the Department by telephone or come to our offices. *E-mail should not be used for emergencies or when you need a quick response.*

The Department will generally return an e-mail message within two (2) business days. If you do not receive a response by five o'clock on the second day, then call or visit us the next day. We will use our professional judgment to decide when a response by e-mail is appropriate or practical. We may reply to your e-mail by mail. We may also request that you either speak with us by telephone or make an appointment for an in-person visit.

2. Composing E-mail Messages. E-mail messages should include your full name, date of birth, and a description of why you are sending us an e-mail message and how we can help you.
3. Access to Client's E-mail Communications. It may be necessary for Department staff, other than the staff to whom the message is sent, to access e-mail messages, in order to provide a timely response. This agreement allows any PCDHS staff to access your e-mail messages.
4. No Liability. You agree that e-mail communications with the Department is offered as a convenience to yourself. You shall not hold us responsible for any expense, loss, or damage caused by, or resulting from: (i) a delay in the our response to your e-mail, or any damage to you resulting from such delay, due to technical failures, including, but not limited to, technical failures caused by an internet service provider, power outages, failure of the electronic messaging software, failure by our staff or yourself to properly address e-mail messages, failure of our computers or computer network, or faulty telephone or cable data transmission; (ii) any interception of e-mail communications by a third party; or (iii) your failure to comply with these guidelines.
5. Confidentiality. The Department will exercise reasonable efforts to ensure the confidentiality of your e-mail. However, e-mail communications are not secure, and there is some possibility that another party may gain illegal access to your e-mail messages. Communication about highly confidential matters should not be discussed in your e-mail messages. You should telephone, write a letter, or personally visit us about highly confidential matters.
6. Archiving. The Department may keep copies of e-mail messages you send.
7. Termination. This Agreement may be terminated by either the Department or you at any time or for any reason.

This Agreement has been fully explained to me, and I have received a copy of this Agreement.

ORGANIZATION:	CLIENT:
By _____ Department Signature	_____ Client Signature*
_____ Date	_____ Date
	_____ Print: Client's Name and Date of Birth

* Please sign in ink – return to Pierce County Human Services; P.O. Box 670; 412 West Kinne St.; Ellsworth, WI 54011