

Encryption and Email Authorization Form



children's home & aid

Please complete this form and **KEEP A COPY FOR YOUR RECORDS. RETURN TO:**

Children's Home & Aid Child Care Assistance Program and Child Care Resource & Referral

2133 Johnson Road
Granite City, IL 62040-3986

601 James R. Thompson Blvd.
East St. Louis, IL 62201

Child Care Provider Information

Name:

DBA:

Address:

City, State, Zip:

SSN/FEIN:

Email:

Parent/Guardian Information

Name:

Address:

City, State, Zip:

Case:

Provider:

Email:

I allow Children's Home & Aid, Child Care Assistance Program and Child Care Resource & Referral to use Encryption and Email for the purpose of conducting transactions, scheduling appointments and other meetings.

I acknowledge and understand that Children's Home & Aid will attempt to protect the privacy of the content of the emails sent to me and emails that are initiated but that there is a risk that emails could be read by unauthorized third parties. In communicating via email, I am willing to assume this risk. Return email should go to CCAP@childrenshomeandaid.org

Children's Home & Aid, Child Care Assistance Program and Child Care Resource & Referral use encryption and email communication technology to protect data transmitted across networks to program participants and providers. The primary purpose of encryption is to protect the confidentiality of digital data stored on computer systems or transmitted over the internet or any other computer network. The type of information that is shared may contain Protected Health Information (PHI). PHI includes, but not limited to Participant Name, Participant Address, Date of Birth, Social Security Number, Children(s) Name, Participant Employment Information, and Participant 15-digit Identification Number. The information is private and is treated in a HIPAA compliant manner. Children's Home & Aid follows the HIPAA Privacy rule to protect participants information from unauthorized access. It is the responsibility of Children's Home & Aid staff, the participant, and provider to follow the HIPAA Privacy rule.

By signing this agreement, I acknowledge, understand, and certify the following as it relates to this encryption and email communication:

1. I agree that I am responsible for all notices, letters, and/or forms sent to me by the program, regardless of how those correspondences are sent to me.
2. I agree that the program will not send most notices, forms, and/or letters through U.S. Postal system. Instead, I understand that most program correspondence will be sent to me at the working email address that I have provided above.
3. I understand the type of documentation emailed to participants and/or providers may contain Protected Health Information (PHI) such as Approval and Denial Letters, Request for Additional Information, Change of Information, Change of Provider, Wage Verification, Redetermination Letter, Child Care Certificate, and Application (not an inclusive list.)
4. I will update any spam filters I use so correspondence doesn't accidentally go into my spam folder.
5. I understand that it is my responsibility to ensure the email address I provide is valid and accurate. In the event that email correspondence is returned as "Undeliverable" to the program, it will be my responsibility to submit an updated and valid email address.
6. Email communication is not appropriate for conveying information related to emergency matters.
7. I am responsible for the security of email communications sent from or stored on my phone, computer, or other device. Children's Home & Aid is not responsible for the security of this information.
8. My decision to allow Children's Home & Aid to communicate with me via email is voluntary and the services I receive will not be impacted by my decision to allow or disallow email communication.
9. The Provider or I may stop email communication at any time for any reason.
10. I agree to notify the Provider when my email changes.
11. I will not hold the Provider responsible for damages resulting from the use of email or from the failure of the Provider's information systems used to facilitate the communication.
12. I understand that communication via email will only occur during normal business hours Monday through Friday.

___ I do not agree to the use of electronic communication.

___ I agree to the above and I acknowledge that I assume all risk if I elect to utilize electronic communication.

Signature(s) required, as applicable to the request. If this is a minor over 12 and parent/guardian request, the minor and parent/guardian signature is required. If this is a provider request, the provider signature is required. *By signing this **Encryption and Email Authorization Form**, I agree that my **electronic/typed signature** is the legally binding equivalent to my handwritten signature. I acknowledge **Children's Home and Aid** will use my **electronic/typed signature** to act on my behalf.*

Signature of Minor over 12

Printed Name

Date

Signature of Parent/Guardian

Printed Name

Date

Signature of Child Care Provider

Printed Name

Date