

# Rehabilitation Associates, Inc.

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Dear Parents,

Rehabilitation Associates, Inc. is instituting email addresses for all of their pediatric therapists. The therapists will email you as needed if you choose to participate in this form of communication by listing your email address below. This is not a secure communication and information discussed with your child’s therapist should be done with that in mind. We may occasionally send you emails about programs we are running that may be of interest to you. The following are some general guidelines for communication with your child’s therapist via email.

<u>DO</u>	<u>DON'T</u>
<ul style="list-style-type: none"> <li>• Use initials or your child’s first name.</li> <li>• Call business office to make scheduling changes.</li> <li>• Take opportunities to discuss your child’s program in person and use email to ask questions about progress or home exercises.</li> <li>• Be concise and to the point.</li> <li>• Communicate only about your child and their programming.</li> <li>• Contact therapist directly with urgent or important information (you can alert them via email that you are trying to contact them).</li> <li>• Be respectful with language, particularly with an emotional topic.</li> <li>• Assure you have signed this email policy prior to initiating email communication with your child’s therapist.</li> </ul>	<ul style="list-style-type: none"> <li>• Don’t use your child’s last name.</li> <li>• Don’t use email to cancel, change, or schedule appointments.</li> <li>• Don’t rely solely on frequent email communication.</li> <li>• Don’t send lengthy emails due to therapists’ time constraints.</li> <li>• Don’t send or forward chain letters, junk mail, or emails concerning personal matters.</li> <li>• Don’t email urgent or important information.</li> <li>• Don’t send emails when emotions are high; always read prior to sending.</li> <li>• Don’t begin email communication without signing this form.</li> </ul>

At any point in time that you wish to discontinue email communication with your child’s therapist, you can sign the “Email Revoking Form”. You can request this form from your therapist, the business office, or the Pediatric Director.

If you have any questions or comments regarding email communication with your child’s therapist, please feel free to contact the Director of Pediatrics at 203 384-8681.

The addition of my signature and email address below indicates that I am giving permission for email communication to take place regarding my child \_\_\_\_\_.

Child’s Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address (Please print clearly)

I would like to opt out of Email Communication

\_\_\_\_\_  
Signature