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Email Policy

In order to comply with HIPPA rules with regards to privacy and confidential communication, I am instituting an email policy. I will only be initiating or responding to client emails through an encrypted email server, Hushmail.

- ***When you receive an email from me, you will see the following in the text box:***

srj@sheryljacobs.com has sent you a secure email using Hushmail.

- ***You will then need to click on the secure link:***

To read it, please visit the following web page: <https://www.hushmail.com/express/XY9CSEND>

- ***Your password will be your cell phone number and will be used in response to the question which will be "you know the number." When you have gone to the link above you will see:***

Question: *you know the number (no dashes)*

- ***Once you type in your "Answer" word, you will be able to read the email.***

Answer: *your cell phone*

- ***If you want to respond to my email, hit reply and your reply will be encrypted back to me. However, the ability to reply to a message is only good for two weeks from opening the email.***

- ***If you want to initiate an encrypted email to me, you can set up a free Hushmail account (www.hushmail.com) and use that to send me an email. If you have a Hushmail account, you will not need to enter a password to open my encrypted email. Other email service providers are also available to encrypt email. Alternatively, you can send a request to me with the subject line "please send me an encrypted email" and I will send you an encrypted email that you can then send an encrypted response back to me.***

I have read these instructions and understand that Dr. Sheryl Jacobs will only reply to emails about clients through this encrypted email account. This includes emails that come from collateral sources such as schools, other clinicians or any other source about me (or my child). I have also been advised that should I choose to use email to communicate with Sheryl R. Jacobs, Ph.D. I should use an encrypted email server in order to protect my PHI, or Protected Health Information.

Signature _____

Witness _____

Date _____

Date _____

Answer _____