

**GUIDELINES AND CONSENT FOR UNSECURED EMAIL CORRESPONDENCE
FOR RESEARCH PARTICIPANTS**

1. Purpose. By signing this form, you are agreeing that we may communicate with you through unsecured emails. This form identifies some of the risks of unsecured emails, provides guidelines for use, and documents your consent.

2. Unsecured Email Risks. Unsecured emails can be inadvertently misdirected by the sender or intentionally intercepted by third parties. The University of Minnesota cannot and does not guarantee the confidentiality of unsecured emails, nor is it responsible for unsecured emails that are lost due to technical failure during composition, transmission and/or storage.

3. Privacy and Confidentiality. Unsecured emails are not a secure method of communication. The content of an unsecured email may be viewed by any person who has access to your email account. Unsecured emails that you send us may be viewed by other staff depending on the nature and timing of your unsecured emails, and may be monitored by the University to ensure appropriate use. Unsecured emails may be viewed by your employer if you are using a work email account. Different University staff may view and process unsecured emails depending on the time of day you send them, or when your typical point of contact is not available. Communication by phone, postal mail, and secure email are considered secure. You should consider using these forms of communication.

4. Content. Unsecured emails should be used only for non-sensitive and non-urgent issues. You should limit the amount of health information in your unsecured emails to us to the minimum necessary.

5. Ending Unsecured Email Communication. This authorization does not have an expiration date. We may discontinue using unsecured emails as a means of communication with you by notifying you by unsecured email or letter. You may discontinue using unsecured emails as a means of communication by notifying us by e-mail to privacy@umn.edu or by letter to:

Health Information Privacy & Compliance Office
410 ChRC (MMC 501)
426 Church Street SE
Minneapolis, MN 55455.

6. Authorizing Signature. I am the research participant or personal representative authorized to act on behalf of the participant. I have read and understand the information regarding guidelines for unsecured email correspondence and had any questions answered to my satisfaction. By signing and providing my contact information below, I agree to communicate by unsecured emails using the email address below:

Signature of research participant or research participant's personal representative.

Email address for unsecured email communication

Printed name of research participant or research participant's personal representative.

Date

Description of personal representative's authority to act on behalf of the research participant.