

# ELECTRONIC COMMUNICATIONS CONSENT

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ MRN# \_\_\_\_\_

\_\_\_\_(initial) **ACCEPT** By initialing the box containing "Accept" I hereby state that I have read, understood, and agree to the terms of this document and I desire and consent to receive communications electronically as stated below (e.g. text, email and/or *instant messaging*), and am aware that I may request a copy of this form at any time from **DMHAS [facility name]**.

## ELECTRONIC DATA CONSENT FORM

\_\_\_\_(initial) I affirm that I have read, understood, and agree to the terms of utilizing Electronic Communications. I understand the risks associated with the communication of electronic data transmission between **DMHAS [facility]** and me and consent to the conditions outlined herein. I agree to the instructions for communicating by electronic data transmission as outlined here, as well as any other instructions that **DMHAS [facility]** may impose to communicate using electronic data transmission.

- While the DMHAS will attempt to review and respond in a timely fashion to your electronic communication, the DMHAS cannot guarantee that all electronic communications will be reviewed and responded to within any specific period of time.

**These Services will not be used for medical emergencies or other time-sensitive matters.**

- If you require immediate assistance, or if your condition appears serious or rapidly worsens, you should not rely on Electronic Communication Services. ***Rather, you should take other measures as appropriate, such as going to the nearest Emergency Department or urgent care clinic or calling 911.***

I agree that use of encrypted electronic data transmission to communicate with me is the only reasonable and proper means to communicate with me.

I wish to communicate by *(please check all boxes that apply)*:

Secure E-mail [  ]

Text [  ]

Both (Text and Secured Email) [  ]

Email address	Text #	Recipient Name

**I agree to notify my provider if the above listed email address or phone number should change.**

[APPLY SIGNATURE LINE OF CLIENT]

[DATE]

[APPLY SIGNATURE LINE OF DMHAS REPRESENTATIVE]

[DATE]