



RELEASE FOR ELECTRONIC COMMUNICATION

www.summitstonehealth.org

Client Name: _____ Client DOB: _____ Client MRN: _____

It is your right to request us to communicate with you by electronic mail (email). It is also your right to know about the risks of using email and how SummitStone Health Partners ("SummitStone") will use and share provider/client email.

There is no guarantee of privacy when using email without proper encryption. Unencrypted communication over the Internet is not secure. Even so, you may request unencrypted email communication from us. Please complete this form and return it to your clinical provider.

I authorize electronic mail (email) communication to the following email addresses:

☐ Email to the following: _____

☐ Email to the following: _____

Review each area and sign below:

- The email address on this release is correct. I, or my designee, accept full responsibility for messages sent to or from this email address.
- I have read and understand the *Important Information About Consumer Email* section.
- I understand and acknowledge that communication over the Internet is not secure and there is no guarantee of privacy when information is shared this way.
- I understand and acknowledge the risks of receiving unencrypted emails.
- I agree to hold SummitStone and its associates harmless from all claims and liabilities related to this release to communicate with me electronically.

☐ Yes, I agree to unencrypted emails

☐ No, I do not want unencrypted emails

I authorize text messages to the following phone number:

☐ Text messages to the following: _____

Review each area and sign below:

- The phone number on this release is correct. I, or my designee, accept full responsibility for messages sent to or from this phone number.
- I agree to allow texting of logistical information between clients and staff (e.g., appointment reminders and general information). **No protected health information (PHI) is permitted.**
- I understand that I may opt out of text messages at any time by replying "STOP".
- I understand that message and data rates may apply.
- I agree to hold SummitStone and its associates harmless from all claims and liabilities related to this release to communicate with me by text.

☐ Yes, I agree to communicate by text message

☐ No, I do not want to communicate by text message



IMPORTANT INFORMATION ABOUT CLIENT ELECTRONIC COMMUNICATION

Please Read This Information Carefully

Email messages on your computer have privacy risks, especially when your email access is provided through your employer or when access to your emails does not require a password. Unencrypted email provides as much privacy as a postcard. You should not email any information with your provider that you would not want to be included on a postcard that is sent through the post office.

Text messages sent to you or from you have privacy risks. We will only text you appointment reminders, directions, survey links, etc. We will not text any protected health information. You should not text any personal information to your provider. Text messages (SMS) are not end-to-end encrypted, which means they can potentially be accessed by phone carriers or intercepted during transmission.

If you have an urgent or an emergency situation, you should not rely on an email request for help. For a behavioral health emergency, call the Crisis Center at (970) 494-4200. For medical emergencies, call 911 or go to your nearest emergency room.

Messages May be Missed

There is a small possibility that an email address may be typed incorrectly. You can also help minimize this risk by using only the email address that you provided on this form. Once sent, email messages cannot be recalled or cancelled. Errors in transmission, regardless of the sender's caution, can occur.

In order to forward or to process and respond to your email message, individuals at SummitStone other than your therapist may read your email message. Your email message is not a private communication between you and your therapist.

Neither you, nor the person reading your email, can see the facial expressions or gestures or hear the voice of the sender. Email messages can be misinterpreted.

At your therapist's discretion, your email messages, and any and all responses to them may become part of your medical record.

This Release to Communicate via Email is valid for two (2) years from the date which it is signed unless revoked.

- ☐ I authorize electronic communication.
- ☐ I do not authorize electronic communication.

Parent/Guardian or Client Signature

Date