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 **Individual Name Case #**

**Sanilac County Community Mental Health Authority**

**Authorization for Electronic Communication – Emailing and Texting**

Sanilac CMH understands that your privacy is important. We are required by law to maintain the privacy of protected health information (see *Notice of Privacy Practice*). It is important that you understand that there are limitations to ensuring confidentiality should you choose to communicate with Sanilac CMH staff electronically by email or text.

Should you choose to participate in electronic communications with Sanilac CMH, you have acknowledged the following:

* Sanilac CMH will not share emails or texts outside of the Agency without a Release of Information and/or court order.
* Electronic messages will receive a response from Sanilac CMH within 3 business days if possible.
* For your protection, please limit electronic communications to brief messages and avoid providing detailed, sensitive information that may identify you. Do not use personal identifiers such as your last name, age, race, birth date, Social Security number, etc.
* Sanilac CMH staff will not disclose any protected health information through the use of email (unless encrypted) or text messages. Sanilac CMH responses to messages/texts will not provide any protected health information.
* Due to the nature of the internet, electronic communications are NOT secure and may be viewed by unauthorized individuals. Consideration needs to be given to the amount and type of information disclosed via electronic communications.

\*\*Please sign ONLY in the appropriate box.

**Approval:**

**Giving Permission:**

I give Sanilac CMH permission to communicate with me via email or text. I am aware of the limitations and potential risks that are related to my use of electronic communication. I understand and agree to the terms that are outlined below. I also understand that use of electronic communication means that my confidentiality cannot be guaranteed according to HIPAA regulations.

***PLEASE CHECK APPROPRIATE BOX***

* Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Individual/Guardian Signature/Date

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Signature/Date

**Decline:**

***PLEASE CHECK APPROPRIATE BOX***

**Decline Permission:**

* I **decline** to give Sanilac CMH permission to communicate with me by email.
* I **decline** to give Sanilac CMH permission to communicate with me by text.

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Individual/Guardian Signature/Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Signature/Date

\*\* A completed copy of the release will be given to the individual, the parent and/or the guardian.

\*\* The original release is to be sent to the medical record for scanning. A copy is not to be kept by any other personnel.

**Withdrawal:**

**Withdrawing Permission:**

* **Withdrawing Authorization**: I hereby withdraw my **previously given** authorization to communicate with Sanilac CMH staff by email or text messages. I understand that to begin contact by electronic communication again I will be required to sign a new authorization.

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Individual/Guardian Signature/Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Signature/Date