

## Authorization for Electronic Communications

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Name of Participant: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

It may become useful during the course of service to communicate by email, text message (e.g. SMS) or other electronic methods of communication. Be informed that these methods, in their typical form, are not confidential means of communication. If you use these methods to communicate with staff, there is a reasonable chance that a third party may be able to intercept and eavesdrop on those messages. The kinds of parties that may intercept these messages include, but are not limited to:

- *Email communication containing my personal, private, or protected information will be encrypted, and so I will need to follow the prompts to open the encrypted email.*
- *Text messages from Unity House staff may not be secure and therefore any text message communication from Unity House staff cannot contain any of my personal, private, or protected information. This means text message communications will be broad and not include information about types of prescriptions or name a specific pharmacy, the provider's name for an upcoming appointment, or other specific personal, private, or protected information.*
- *People in your home or other environments who can access your phone, computer, or other devices that you use to read and write messages.*
- *Your employer, if you use your work email to communicate with staff.*
- *Third parties on the Internet such as server administrators and others who monitor Internet Traffic.*

*If there are people in your life that you don't want accessing these communications, please talk with Unity House of Troy, Inc. staff about ways to keep your communications safe and confidential. Use of more secure communications, such as phone or fax, are always alternatives that are available to you if you elect not to give consent to the following forms of communication. **I understand that electronic communications will be responded to only during working hours, and are not an appropriate means of communication during an emergency. 911 should be used for emergency situations.***

*I request that the following communications from Unity House of Troy be delivered to me by the indicated electronic means.*

Communication(s). Please check all that apply and check the type of communication(s) you'd like, and note any restrictions within each indicated category:

\_\_\_\_ Prescription refill and other medication management reminders via • Email and/or • Text

\_\_\_\_ Appointment reminders via • Email and/or • Text

\_\_\_\_ Housing related reminders via • Email and/or • Text

\_\_\_\_ Other via • Email and/or • Text (list specifically):

***\*Individual use of email may vary by program. Email and texting with participants are at the program's discretion. Violations may result in the suspension of electronic communications.***

Restrictions: \_\_\_\_\_

My email address is: \_\_\_\_\_ My cell phone number is: \_\_\_\_\_

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Time period authorized:

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Acknowledgment and Agreement

*I understand and agree that Unity House staff may communicate with me using the requested communication method(s) indicated above. I also understand that if I respond to an encrypted email or to a text message from Unity House staff, my message may not be secure and, therefore, I should not email or text staff any information I want to keep protected. I have been informed of the risks; including, but not limited to my confidentiality in services provided, of transmitting my protected health information (PHI) by unsecured means. I understand that I am not required to sign this agreement in order to receive services. I also understand that I may terminate this consent at any time.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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Printed Name:

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Address:

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Personal Representative: \_\_\_\_\_ Date: \_\_\_\_\_

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Request Received By: \_\_\_\_\_ Date: \_\_\_\_\_

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\*\*\*Original filed in the participant's file; offer copy to participant\*\*\*