



Electronic Communication Consent and Acknowledgement

Region 4 Behavioral Health System uses various electronic communication methods to coordinate services, including email, cellular calls, fax, text messaging, and video conferencing. It is the practice of Region 4 to ensure all employees understand the importance of maintaining confidentiality and follow security protocols. When employees exchange Protected Health Information (PHI), it is sent through an encrypted, protected email server. Standard e-mail, cellular calls, text messages, and certain video conferencing platforms are not secure; because these methods lack encryption, transmission could be intercepted by unauthorized individuals.

By signing this form, I opt into electronic communications and acknowledge the following:

- *Risk of Unsecured Communication:* I understand that standard (unencrypted) email or SMS text messages may be used for scheduling and general information. I acknowledge that these methods do not meet full HIPAA security requirements.
- *Privacy Responsibility:* I am responsible for protecting the privacy of my own devices and communication channels. I agree to promptly notify Region 4 Behavioral Health System of any changes to my contact information, including my phone number and email.
- *Acknowledgement of Risk:* I understand the risks associated with unsecure electronic communication and accept responsibility for maintaining the security of my own devices.
- *Informed Consent:* I have had the opportunity to have my questions regarding electronic communication answered and feel comfortable moving forward.
- *Limits of Responsibility:* I release Region 4 Behavioral Health System of any liability regarding privacy violations resulting from the use of electronic communication, provided such violations arise from actions by me or my family's handling of electronic communication.
- *Revocation Rights:* I may revoke this consent at any time by submitting a written request to Region 4. I understand that Region 4 cannot undo information that has already been shared before my request was received.
- *Complaint Rights:* I understand I have the right to file a complaint with the Regional Administrator or Secretary of the U.S. Department of Health and Human Services for any suspected violations of my privacy rights.

Current Phone Number

Current Email

Consumer Signature

Printed Name

Date

Legal Guardian Signature (if applicable)

Printed Name

Date

Witness Signature

Printed Name

Date