



River Oak Center for Children
REQUEST TO COMMUNICATE ELECTRONICALLY

Name of Client: _____ Client ID#: _____

Name of Caregiver(s):

To protect the privacy of our clients and their families, River Oak Center for Children prohibits employees from routinely using electronic communication (texting, e-mail, messaging) as a standard form of communication with clients and caregivers.

As indicated in our Notice of Privacy Practices, you have a right to choose the method in which we communicate with you. If you choose to communicate with River Oak employees in a manner other than phone or fax, you are required to request the preferred method.

It is important for you to know that e-mail, texting, messaging or other forms of electronic communication may not be encrypted or otherwise secure from unauthorized access. Accordingly, the information while in transit, could be intercepted and viewed by a third party, or the information could remain on the phone or some other electronic device for others to view. It is also possible that the message could be accidentally sent to the wrong number or e-mail address and read by a third party. Therefore, when using electronic forms of communication, you and River Oak employees are strongly advised to use the least amount of private information in order to minimize your risk of potential exposure.

I request that the following form(s) of communication be utilized by River Oak to communicate with me.
Method (please initial):

E-mail E-mail Address(s):

Text **Phone Number(s):**

Acknowledgement and Agreements: I understand and agree that the requested communication method is not secure, making my Protected Health Information (PHI) at risk of being intercepted and viewed by unauthorized individuals. I accept the risk and agree to release, indemnify and hold River Oak and its employees, affiliates, directors or agents harmless from any claims, expenses, or liabilities associated with electronic communications between myself and River Oak. I understand it is my responsibility to provide River Oak with accurate contact information if the above information should change.

You are not required to sign this form and refusal to sign the form will not affect your treatment. This request can be revoked at any time by contacting the Privacy Officer at River Oak.

Client signature: _____ **Date:** _____

Caregiver(s) signature: _____ Date: _____

Date: _____