



River Oak

River Oak Center for Children REQUEST TO COMMUNICATE ELECTRONICALLY

Name of Client: _____ Client ID#: _____

Name(s) of Caregiver(s): _____

To protect the privacy of our clients and their families, River Oak Center for Children (“River Oak”) prohibits employees from using unsecured forms of electronic communication (e.g., texting, unencrypted e-mail, messaging) to communicate with clients and caregivers unless the client has requested in writing that River Oak communicate with the client in this way. Instead, River Oak requires employees to communicate through encrypted email, myHealthPointe secure messaging, Microsoft Teams or by telephone.

As indicated in our Notice of Privacy Practices, you have the 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, myHealthPointe, Microsoft Teams, fax, or as a response to encrypted email you received from River Oak, you must request the preferred method before River Oak employees will be permitted to engage in this type of communication with you.

It is important for you to know that e-mail, texting, and messaging that is not sent through a secure app, or other forms of electronic communication may not be encrypted or otherwise secure from unauthorized access, and the privacy and security of your communications and personal information could be endangered. For example, the information could be intercepted and viewed by a third party while in transit, 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, if you choose to use electronic forms of communication, **we strongly encourage you not to include any unnecessary private information, to reduce your risk of potential exposure.** We also recommend limiting your use of these unsecured forms of communication to less sensitive communications, such as making or changing appointments. **For sensitive, confidential communications, we strongly encourage you to telephone your provider or use the secure messaging app identified in our client intake materials.**

If, after reviewing this form, you choose to communicate electronically with River Oak staff by email or SMS text message, please indicate this by (a) checking the “opt in” box below, (b) identifying your contact information for your requested form of communication (email, text, or both), and (c) signing and dating this form.

You are not required to sign this form, and choosing not to sign the form will not affect your treatment.

I opt in. I request that River Oak utilize and/or respond to the following form(s) of potentially **unsecured** communication to communicate with me.

Method (please select):

E-mail E-mail Address(s): _____

Printed Name: _____

E-mail Address(s): _____



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Printed Name: _____

SMS Text

Phone Number(s): _____

Printed Name: _____

Phone Number(s): _____

Printed Name: _____

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 agree to provide River Oak with accurate contact information if the above information should be changed. I understand and agree that River Oak may contact me periodically at the email address(es) or phone number(s) above and ask me to confirm my identity, as a means of confirming that the above contact information remains correct. I agree to receive SMS text messages or emails, specific to my requested method(s) selected above, from River Oak regarding appointment reminders, intake coordination, referral follow-up, scheduling updates, service notifications, and other operational communications. Message frequency varies but will not be more than 3–5 messages per day unless there is a notification event. Msg & Data rates may apply. Reply HELP for help. Reply STOP to opt out.

Client signature: _____ Date: _____

Parent(s), Guardian or
Other Legally Authorized

Caregiver(s)¹ signature: _____ Date: _____

_____ Date: _____

This request can be revoked at any time by contacting the Privacy Officer at River Oak at kvang@riveroak.org or 916-609-5100. If you need to leave a phone message, please clearly state your name and telephone number. Someone will return your call to confirm that your revocation was received. If you do not receive a return phone call, please reach out again, as it is possible that your name or phone number did not come through clearly and River Oak could not determine who contacted them to revoke a request.

¹ To be signed by individual(s) with legal authority to make decisions on behalf of client, if client lacks legal capacity to execute this form and to be bound by it.