



AUTHORIZATION TO USE UNENCRYPTED EMAIL OR TEXTING TO COMMUNICATE WITH ETCH STAFF

CLIENT NAME: _____ DOB: _____

We want to make sure you are aware that email/text communications between us are not encrypted (coded) and therefore are not secure communications. If you choose to communicate with us from your workplace computer you should be aware that your employer may have access to email communications between us.

Incoming email or text communications will be reviewed and responded to by the person to whom they are sent as soon as possible. Email or text communication should never be used in the case of an emergency or for urgent requests for information. Urgent or emergency requests should be handled by calling the office or by calling 911.

By signing below you are granting permission for ETCH staff to respond to your emails or texts. You may also designate family members or significant others that you would like staff to communicate with by way of email or text.

This authorization will expire on or upon termination of treatment or by request. This authorization will last no longer than reasonably necessary to serve the purpose for which it is given. **I understand that I may withdraw this authorization at any time, unless action has already been taken based on this authorization.** ETCH, LLC will not condition treatment, payment, or program eligibility on the signing of this authorization, but I understand that in certain limited circumstances I may be denied treatment if I do not sign this form.

I have read, or have had read to me, this authorization form and understand what it means.

Signature of Individual/Guardian

Date

Designated email/phone#: _____
(Note: Staff will only respond to the above email or phone #)

Witness to the Above Signature

Date

OPTIONAL CONSENT: Please list any family members or significant others you are granting permission for ETCH to communicate with using encrypted email or text. ETCH staff may only communicate with family members or significant others if you have already signed an overall Authorization/Consent for ETCH and have designated approved topics. This email consent may not be used without the other signed consent.

Name: _____ email/phone#: _____

Name: _____ email/phone#: _____

Signature of Individual/Guardian

Date

Witness to the Above Signature

Date