



Email, Text, or Other Alternative Means of Communication

Client Name:	_____
	Last First Middle
Date of Birth	____/____/____

I approve of communication of Protected Health Information by Tranquility Integrated Care Services by:

___ Email. Email address: _____

___ Text. Text number: _____ - _____ - _____

___ Other: _____

Limitations or other comments about this communication: _____

- I understand there are risks with emails and texts. It is unlikely that email or text messages will be intercepted or altered. However, the risk is higher than messages on the phone or in person.
- I understand that there may be limits to what can be sent over email or text. Email and texts are not for psychotherapy or crisis situations.
- I also understand that Tranquility may choose to discontinue this. I will be told if this happens.
- I will notify Tranquility of any change in my email address or text number.
- I understand that the Front Desk and Business Office can only communicate by phone, in person, or in person.

Signature of Client (or Guardian)

Date

If Parent/Guardian, print name: _____

For Office Use	Received: ____/____/____ Scan into the Category "PHI Auth to Disclose". Title first with "Email Text or Other"
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