



## **Electronic Communication Agreement**

This Agreement is Optional

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I agree that REACH 907 Resilience Behavioral Health may communicate with me electronically at the phone/text number and/or email address I provided below. Teletherapy is also used and is a session that occurs through secure video connection with the therapist and staff members.

**I am stating that REACH 907 Resilience Behavioral Health may use SMS Text to send messages to my cellular device and/or use encrypted email to send email messages and teletherapy links to the account listed below, which may contain Protected Health Information.**

**I am aware that it is my responsibility to secure these text and email inboxes on any device that may be checking these accounts, and that REACH 907 Resilience Behavioral Health will not be held responsible if my Patient Information is observed by anyone other than myself. I acknowledge that REACH 907 Resilience Behavioral Health will always send electronic communication using HIPAA-compliant encryption. I further acknowledge that once the information is received into my text or email inbox that the information integrity and security is my sole responsibility.**

I am responsible for providing REACH 907 Resilience Behavioral Health any updates to my phone/text number and/or email address, including changes and/or termination.

I can withdraw my consent to electronic communications by contacting REACH 907 Resilience Behavioral Health in person or by phone.

SMS Cellular Phone/Text Number: \_\_\_\_\_

Email Address (PLEASE PRINT CLEARLY): \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_