

Harmony United Psychiatric Care

Preference to Communicate by Unencrypted Text Message and Email

This is a required form that must be completed for service

I, _____ hereby state my preference for Harmony United Psychiatric Care to communicate with me by email and standard SMS text messaging regarding various aspects of my medical care, which may include, but not be limited to, **appointments, billing, patient surveys, other administrative communications, and information about Service Providers.**

There is some level of risk that information in a regular text message or email could be intercepted and read by someone else.

Consequently, having been informed of this risk, Harmony United Psychiatric Care requests my preference regarding communications with me by text message and email. I have checked the appropriate box(es) below and provided the needed information.

I also understand that I may change my preferences at any time by completing a new form.

Yes – Please communicate with me by email. My email address is:

I will let you know as soon as possible if my email address changes.

No – Please do not communicate with me by regular (unencrypted) email

Yes – Please communicate with me by text message. My cell phone number is:

I will let you know as soon as possible if my cell phone number changes.

No – Please do not communicate with me by regular (unencrypted) text message.

Signature of Client / Patient or Parent / Legal Representative

Date Effective