

VIRGINIA ALCOHOL SAFETY ACTION PROGRAM EMAIL AUTHORIZATION

I understand that due to the risk of electronic messages being misdirected, hacked or intercepted by unintended parties, the Virginia Alcohol Safety Action Program (VASAP) cannot guarantee that confidential messages sent over the Internet will not be subject to unintended disclosure or other privacy breaches.

I understand that emails to/from VASAP may contain personnel information that is protected by federal confidentiality guidelines.

I further understand that emails sent to/from work devices may be subject to review by my employer.

Acknowledging the above, I hereby authorize the Virginia Alcohol Safety Action Program to communicate with me via email regarding my case until such time as my ASAP case is closed, or this authorization is rescinded by me.

Client Printed Name

Client Signature

Date

Email Address