



CONSENT TO EMAIL AND ELECTRONIC COMMUNICATIONS

It is often useful during the course of treatment to communicate by email, text, or other electronic methods of communication. Be informed that these methods, in their typical form, are not confidential means of communication. If you use these methods to communicate with **Tri-State Progressive Health** and its staff, there is a chance that a third party may be able to intercept and eavesdrop on those messages. The kinds of parties that may intercept these messages include, but are not limited to:

- People in your home or other environments who can access your phone, computer, or other devices that you use to read and write messages;
- Your employer, if you use your work email to communicate with us;
- Third parties on the Internet such as server administrators and others who monitor Internet traffic.

If you are willing to communicate electronically, with the understanding that it is unsecured and that your information may be accessed or intercepted by others, please proceed with signing the consent below.

I consent to allow Tri-State Progressive Health and its staff to use unsecured email, text, or other means of unsecured electronic communication to transmit to me the following protected health information:

- Information related to the scheduling of meetings or other appointments
- Information related to billing and payment
- Completed forms, including forms that may contain sensitive, confidential information
- Information of a therapeutic or clinical nature, including discussion of personal material relevant to my treatment
- My health record, in part or in whole, or summaries of material from my health record

I have been informed of the risks, including but not limited to my confidentiality in treatment, of transmitting my protected health information by unsecured means. I understand that Tri-State Progressive Health, may not condition treatment, payment, or eligibility for benefits on my signing this authorization, and I have a right to have all communications sent via mail. I also understand that I may terminate this consent by providing written notice at any time, but that this authorization will terminate no later than when my treatment relationship with Tri-State Progressive Health, has ended.

Patient Signature: _____ Date: _____

Valid E-mail Address: _____