**Consent for Electronic Delivery & Communication**

Momentum Behavioral Services (MBS) uses diverse platforms of communication to ensure timely and accurate communication is delivered to all stakeholders in the most convenient and efficient way possible.

**Methods of communication and consent can consist of, but are not limited to:**

* Email
* Text Messages
* Phone Calls
* DocuSign (HIPAA compliant signature platform)
	+ Behavior Services Contract, HIPAA Agreement, Treatment Plans, other Consent Forms
	+ MBS has a Business Associate Agreement (BAA) for HIPAA compliance
* Assessments required by insurance and/or medical necessity for development of my child’s Treatment Plan
	+ PDDBI, ABAS, SRS, Vineland

**General Considerations:**

* Email communication will be considered and treated with the same degree of privacy and confidentiality as written medical records.
* Standard email communication services such as Gmail, Yahoo, AOL, etc. are not secure. Although unlikely, this means that the email messages are not encrypted and can be potentially intercepted and ready by unauthorized individuals.
	+ MBS Supervising and Administrative Staff have individual Momentum Behavioral Services domain email addresses (@steppingstonesaba.com). RBT staff do not have these domain email addresses at this time.
	+ MBS staff may use encrypted methods of email delivery, however, this method is not used in all email correspondence.
* Text messages are typically a platform of communication that results in timely responses and/or information sharing. MBS staff will never input Protected Health Information (PHI) in a text message. Text messages are not considered HIPAA compliant, therefore any communication rendered via text messages should be carefully composed to avoid any violations of HIPAA compliance.
* Your email address or other contact information will not be used for external marketing purposes.
* Using platforms such as DocuSign are HIPAA compliant and permit convenient delivery of important documents for consent purposes.
* All documents are stored in a HIPAA compliant MBS GSuite account for 7yrs after services are rendered.

**MBS Staff Responsibilities**

* Staff will attempt to electronically confirm you’ve received correspondence by requesting a return response to all email messages.
* MBS staff may route your email messages to other members of staff for information purposes or for expediting a response.
* Every attempt will be made to respond to your email message within two business days (Monday-Friday, non-holidays). If you do not receive a response from correlating staff as expected within two business days, please contact the Clinical Director and/or Owner via email or phone. Contact information can be found in the Behavior Services Contract/at the end of this agreement.
* Copies of emails sent and received from into you *could* be incorporated into the beneficiary’s medical record. You were advised to retain all electronic correspondence for your own files.

**Beneficiary-Parent(s)/Legal Guardian(s) Responsibilities**

* Email/text messages should not be used for emergencies or time sensitive situation. In the event of a medical emergency, you should immediately call 911. For emergent or time sensitive situations, you should contact your immediate case supervisor, Clinical Director, or the Owner via phone.
* Email messages should be concise. Please arrange for an appointment with your case supervisor if the issue or inquiry is too complex or sensitive to discuss via email.
* For accurate measurement, MBS requests a response or confirmation from you, the beneficiary or parent/legal guardian of the beneficiary, that the email has been received and understood is provided within 24 to 48 hours after delivery. Failure to do so may result in processing delays, scheduling adjustments, and discrepancies in services for your child’s ABA services.

**Consent for Electronic Delivery of Communication and Documents**

* I have read and understood the above description of the risks and responsibilities associated with electronic communication with MBS staff.
* I acknowledge that commonly used communication methods are not secure and fall outside of security requirements set forth by HIPAA compliance for the transmission of PHI.
* I understand that I may revoke my consent to communicate electronically at any time by notifying my case supervisor, the clinical directors, or owner of the company. I understand that I may revoke this consent at any time, however, I cannot revoke consent for communication and document delivery that has already taken place.
* I agree and release MBS staff from any and all liability that may occur due to electronic communication from a non-secure network.
* I agreed to be held accountable and comply with the beneficiary or parent/legal guardian responsibilities as outlined in this consent.

***Please type in “YES” or “NO” in each space below***

\_\_\_\_\_\_\_\_ I consent to receive electronic delivery of communication via email

\_\_\_\_\_\_\_\_ I consent to receive text messages from MBS staff as it pertains to immediate platforms of communication for my child’s ABA program

\_\_\_\_\_\_\_\_ I consent to using DocuSign as a HIPAA compliant platform to sign any and all documents requiring my signature in order to authorize ABA services

\_\_\_\_\_\_\_\_ I consent to completing required assessments as dictated by my child’s insurance funder and/or at the request of MBS staff to properly develop an ethically sound and appropriate treatment plan for my child’s ABA program

\_\_\_\_\_\_\_\_ I consent to and understand if I prefer to receive documents in paper form, I must communicate this to the Client Coordinator, Office Manager, Clinical Director, or Owner. Changes to these preferences may take up to 10 business days

***Contact Information:***

* ***Leticia C Santos (Owner) M.Ed, BCBA, LBA***
	+ ***(254 )791-9629***
	+ ***lcassisantos@gmail.com***

***If the beneficiary is a minor and/or has a legal guardian, please indicate the relationship:***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**PRINTED NAME DATE**

**SIGNATURE DATE**