

AUTHORIZATION TO SEND AND RECEIVE EMAILS AND TEXT MESSAGES.

THE HEALTH INSURANCE PRIVACY AND PORTABILITY ACT (HIPPA) FROWNS UPON THE USE OF UNSECURED COMMUNICATION BETWEEN THOSE WORKING IN HEALTHCARE AND THEIR PATIENTS. THE CONCERN LIES WITH THE POSSIBILITY OF SOMEONE VIEWING THIS PRIVATE COMMUNICATION WITHOUT YOUR OR OUR KNOWLEDGE. WE AT MBHA RECOGNIZE THAT MANY PATIENTS PREFER COMMUNICATION VIA EMAILS AND TEXTING REGARDING APPOINTMENTS AND OTHER ADMINISTRATIVE ISSUES. IN ORDER TO ENGAGE IN THE COMMUNICATION DESCRIBED ABOVE, WE REQUIRE THAT YOU SIGN BELOW, AUTHORIZING YOUR THERAPIST AND ADMINISTRATOR TO COMMUNICATE WITH YOU VIA;

EMAIL: _____

TEXT MESSAGE: _____

PATIENT NAME (PLEASE PRINT): _____

DATE: _____