



### Permission for Electronic Communication

You have requested that TASC communicate appointment reminders with you via email, text messaging, and/or voicemail. You recognize that email, text messaging, and voicemail are not a secure means of communication because these messages can be addressed to the wrong person or accessed improperly/intercepted while in storage or during transmission.

If you accept the risks associated with email, text messaging and/or voicemail and would like TASC to use one or more of these forms of communication, please complete and sign below.

You are not required to authorize the use of email, text messaging, and/or voicemail. A decision not to sign this document will not affect your healthcare in any way. If you prefer not to authorize the use of email, text messaging, and/or voicemail, TASC will continue to communicate with you through other approved methods such as U.S. Mail or direct telephone contact.

**VOICEMAIL COMMUNICATION:**

No  Yes: \_\_\_\_\_  
If yes, phone number(s) at which TASC may leave a recorded message.

**EMAIL COMMUNICATION:**

No  Yes: \_\_\_\_\_  
If yes, email address(es) with which TASC may communicate.

**TEXT MESSAGING:**

No  Yes: \_\_\_\_\_  
If yes, text messaging/cell phone number(s) with which TASC may communicate. (Data charges may apply.)  
\_\_\_\_\_  
If authorizing cell phone use, name of provider(s).

\_\_\_\_\_  
Client or Authorized Representative Signature Date

\_\_\_\_\_  
Name (Please Print):

**For Internal Use:**

Client Name (Last, First): \_\_\_\_\_

Client Date of Birth: \_\_\_\_\_