

PERMISSION FOR ELECTRONIC COMMUNICATION

Treatment Alternatives for Stronger Communities (TASC) requests to communicate with you through electronic means, including email, voicemail, and/or text messaging, for the purposes of reminding you of an appointment, to obtain feedback on your experience with TASC, and/or to provide other relevant information related to the services provided to you.

If you choose to communicate with TASC through electronic means, you recognize that electronic communication methods are not always a secure means of communication because messages can be lost, delayed, intercepted, corrupted, or otherwise not delivered or improperly accessed while in storage or during transmission. You acknowledge and accept the inherent risks in the electronic transmission of encrypted and unencrypted information.

You are not required to authorize the use of email, voicemail, and/or text messaging. A decision to not authorize electronic communication will not affect the services provided to you. If you prefer to not authorize the use of electronic communication, TASC will continue to communicate with you through other approved methods of communication, such as U.S. mail or direct telephone contact. You have the right to revoke these permissions by signing a new copy of this form with your updated preferences.

EMAIL COMMUNICATION:

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

VOICEMAIL COMMUNICATION:

☐ No ☐ Yes: _____
If yes, phone number(s) at which TASC may leave a voicemail.

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).

By signing below, I authorize TASC to communicate through electronic means through the preferences above.

Client Name (Print)

Client Date of Birth

Personal Representative Name, if applicable (Print)

Client or Personal Representative Signature

Date