

Authorization for Electronic Communication

I hereby authorize Adel Mental Health/Bluebird Behavioral Health and any individual provider I may see within the agency to communicate with me regarding my treatment by Adel Mental Health/Bluebird Behavioral Health via electronic communications for any purpose including, but not limited to appointment reminders and therapeutic services via phone, email, text, or video. I understand that this means Adel Mental Health/Bluebird Behavioral Health and/or my treating providers will transmit my protected health information (PHI) such as information about my appointments and other individually identifiable information about my treatment to me via electronic communications. I authorize Adel Mental Health/Bluebird Behavioral Health to provide therapeutic services to me via the electronic platform of their choosing (e.g., Kareo, telephone, etc.).

I understand there are risks inherent in the electronic transmission of information by phone , video, on the internet, via text message, or otherwise, and that such communications may be lost, delayed, intercepted, corrupted or otherwise altered, rendered incomplete or fail to be delivered. I further understand that any protected health information transmitted via electronic communications pursuant to this authorization may or may not be encrypted. As the electronic transmission of information cannot be guaranteed to be secure or error-free and its confidentiality may be vulnerable to access by unauthorized third parties, Adel Mental Health/Bluebird Behavioral Health shall not have any responsibility or liability with respect to any error, omission, claim or loss arising from or in connection with the electronic communication of information by Adel Mental Health/Bluebird Behavioral Health to me.

I understand that in the event I no longer wish to receive electronic communications from Adel Mental Health/Bluebird Behavioral Health, I may revoke this authorization by providing written notice to Adel Mental Health/Bluebird Behavioral Health.

This authorization does not allow for electronic transmission of my protected health information to third parties and I understand I must execute a separate authorization for my protected health information to be disclosed to third parties.

After being provided notice of the risks inherent in use of electronic communications, I hereby authorize Adel Mental Health/Bluebird Behavioral Health to communicate electronically with me, authorize the the transmission and receipt of my protected health information, and authorize therapeutic services to be provided electronically as described above.

Name: _____

Patient/Parent/Guardian Signature: _____

Date: _____