



## Phone & Email Contact Consent and Authorization

I, \_\_\_\_\_, with respect to any services provided or that are planned to be provided to myself or, as an authorized legal representative, for the below listed individual, fully consent to and authorize Monarch Mental Health and Wellness staff and providers or any of its automated systems to contact me via phone or email address (including to my cellular phone by way of phone call, or text message) in relation to any services received from Healthcare Provider or any services planned to be received from Healthcare Provider (including any billing items or appointment reminders).

As a patient of Monarch Mental Health and Wellness you may request that we communicate with you via unencrypted electronic mail (email). This page will inform you of the risks of communicating with your healthcare provider via email. Your health is important to us and we will make every effort to reasonably comply with your request to receive communications via email, however, we reserve the right to deny any request for email communications when it is determined that granting such a request would not be in your best interest.

Monarch Mental Health and Wellness will make every effort to promptly respond to your requests for information via email, however, *if you are experiencing an emergency, you should never rely on email communications and should seek immediate medical attention.*

## Patient Consent to Unencrypted Email Communications

By signing below, you acknowledge your recognition and understanding of the inherent risks of communicating your health information via unencrypted email and hereby consent to receive such communications despite those risks. Messages containing clinically relevant information may be incorporated into the medical record at the provider's discretion.

By signing below, you also acknowledge that you have the choice to receive communications via other more secure means such as by telephone. By signing below, you agree to hold Monarch Mental Health and Wellness harmless for unauthorized use, disclosure, or access of your protected health information sent to the email address you provide.

If this Consent and Authorization *applies to someone for whom you are a legal representative, please print their name below, if not please indicate so by populating the blank with N/A.*

Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_