



ELECTRONIC COMMUNICATION RELEASE

Nexus Behavioral Health PLLC takes every precaution to ensure that your personal information is safe and secure. It is common practice for e-mail to be used to disseminate various information such as appointment reminders or copies of reports. Text messaging is also frequently used by individual clinicians and their patients for appointment scheduling.

Generally, e-mail clients (i.e., G-mail, Yahoo Mail, etc.) are not HIPAA compliant. As such, we cannot guarantee the security of any information sent from such platforms or opened on your personal device (i.e., laptop, cell phone, etc.). Again, we take every precaution available to ensure that any information sent from our office is protected. Please also note that text messaging done through services like iMessage are not HIPAA compliant, and cannot be protected on either end of the communication.

Before our office or clinicians can communicate with you via electronic means, we ask that you please choose one of the following options:

- I hereby **GIVE** permission for Nexus Behavioral Health PLLC and its clinicians to contact me via e-mail or text message. I understand that Nexus Behavioral Health PLLC and its clinicians take every precaution to protect my information, but that security of the information sent from my devices cannot be guaranteed. By choosing this option, I agree to not hold Nexus Behavioral Health PLLC or any of its employees liable for breach of personally identifiable information that was sent electronically.

- I hereby **GIVE** permission for Nexus Behavioral Health PLLC and its employees to contact me via **E-MAIL ONLY**. I understand that Nexus Behavioral Health PLLC and its clinicians take every precaution to protect my information, but that security of the information sent from my devices cannot be guaranteed. By choosing this option, I agree to not hold Nexus Behavioral Health PLLC or any of its employees liable for breach of personally identifiable information that was sent electronically. (Please note: by choosing this option, clinicians will be informed that they are not to communicate via text message. By choosing this option you are acknowledging that any communication made via text message will receive no response from clinicians.)

- I **DO NOT** grant permission for Nexus Behavioral Health PLLC or its employees to contact me electronically. Therefore, all communication must be done through the telephone, and all documentation will be provided with physical copies. (Please note: by choosing this option, clinicians will be informed that they are not to communicate via e-mail or text message. By choosing this option you are acknowledging that any communication made via these means will receive no response from clinicians.)

If at any point you wish to rescind or grant your permission, you may do so by obtaining a new release from our front desk.

Signature of Patient, Parent, or Guardian

Date