

Consent to Use Email Communication for Administrative Purposes

By signing below, I consent to allow Blue Ridge Behavioral Health Administrative Staff (BRBH) to use my e-mail address for administrative purposes only.

- I understand that this e-mail communication with administrative staff is not to be used for clinical issues, appointment scheduling, prescription requests or billing inquiries.
- I understand that this e-mail communication is used for the staff at BRBH to send and exchange correspondence and forms only.
- I understand that if I change my email address it is my responsibility to inform Blue Ridge Behavioral Health.
- I understand that all emails will become part of my permanent record.
- My consent applies to administrative staff at Blue Ridge Behavioral Health and will continue until I stop this consent in writing.
- I understand there are risks in using email to communicate with BRBH. These risks may include but are not limited to confidential information being seen by others. While BRBH makes every effort to keep information secure, BRBH cannot guarantee that electronic communication is 100% safe and protected. You agree that you are entering into electronic communication with full knowledge of the risks therein.
- I understand that if I fail to maintain the security of and/or restrict access to my email, and information is seen by others, BRBH is not in violation of the Health Insurance Portability and Accountability Act (HIPAA). If I fail to maintain the security of and/or restrict access to my email, and information is seen by others, I hereby release BRBH from all liability.
- I understand that BRBH email is not monitored after business hours.
- I understand that I will receive a response within 24 hours during regular business hours, Monday-Friday 8:30am-4:00pm.

Patient Name: _____ Patient D.O.B.: _____

Email address: _____

Signature of Patient/Parent/Guardian

Date