



County of San Luis Obispo Behavioral Health
Consent for Email Communication

Client Name

Client #

I hereby agree to receive emails from The County of San Luis Obispo and its contracted mental health and substance use disorder providers for any purposes related to my treatment, the coordination of my care, or reimbursement for my care, in accordance with the terms of this consent form. I acknowledge and understand that:

- If my email address changes, I should inform The County of San Luis Obispo as soon as possible. I understand that if I don't inform The County of San Luis Obispo, providers may continue to email my previous address under this consent, which may result in a breach of confidentiality.
- When using my own personal electronic device, The County of San Luis Obispo does not have any control or authority over the protection of my health information that may be stored within my device. I understand that information stored within my device may be at risk, for example, if lost or stolen.
- Email is not appropriate for urgent or emergency situations. Providers cannot guarantee that any particular message will be read and responded to within any particular period of time.
- Email is not inherently secure and may be intercepted by a third party. Providers will use reasonable means to maintain security and confidentiality of email information sent and received. Providers and The County of San Luis Obispo are not liable for any breach of confidentiality caused by the client or any third party.
- Email messages from me will be treated as confidential information and may be included in my medical record.
- Depending on the service I use for emails, the messages sent may not be encrypted and therefore could potentially be intercepted by other people, and I agree to accept that risk by sending emails.
- I am under no obligation to communicate with The County of San Luis Obispo or my providers via email, and if I have any concerns about communicating via email I should not do so.

Start Date

End Date

Client Signature

Date

Parent/Guardian Signature

Relationship

Staff Signature

Date