



County of San Luis Obispo Behavioral Health
Consent for Email Communication

Client Name _____ Client ID # _____

Consent for Email Communication

Effective/Start Date: _____

I hereby agree to receive emails from County of San Luis Obispo Health Agency 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 County of San Luis Obispo Health Agency as soon as possible. I understand that if I don't inform County of San Luis Obispo Health Agency, 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, County of San Luis Obispo Health Agency 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 County of San Luis Obispo Health Agency 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.



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- 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 County of San Luis Obispo Health Agency or my providers via email, and if I have any concerns about communicating via email I should not do so.

Client Signature _____ Date _____

Parent / Guardian Signature _____ Date _____

Relationship _____

Staff Signature _____ Date _____