



## Electronic Communication Authorization

Avivo understands your privacy is important. We are required by law to maintain your privacy of confidential information, which includes protected health information. It is important that you understand that there are limitations to ensuring confidentiality should you choose to communicate with Avivo staff electronically via email or text.

Should you choose to engage in electronic communication with Avivo, note the following:

- Avivo will not share emails and texts outside of the agency without a signed Release of Information.
- For your protection, please limit electronic communications to brief messages and avoid providing detailed, sensitive information altogether that may identify you. Refrain from using personal identifiers such as your social security number, age, race, birth date, etc.
- Avivo staff will not disclose any protected health information through the use of email or text messages. Avivo responses to messages/texts will not provide any confidential information.
- Due to the nature of the internet, electronic communications are not secure and may be viewed by unauthorized individuals. Consideration needs to be given to the amount and type of information disclosed via electronic communications.

Please check (✓) one of the following:

I give Avivo permission to communicate with me via email or text. I am aware of the specific limitations and potential risks that are related to my use of electronic communication. I understand and agree to the terms that are outlined above. I also understand that the use of electronic communication means that my confidentiality cannot be assured.

I decline to give Avivo permission to communicate with me via email or text.

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Client Name (Print)

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Client Signature/Date

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Staff Signature/Date

Withdrawing Authorization: I hereby withdraw my authorization to communicate with Avivo staff by email and/or text messages. I understand that to initiate contact by electronic communication will require me to sign a new authorization.

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Client Signature/Date