

Yamhill County HHS ELECTRONIC COMMUNICATION USE & CONSENT FORM

Yamhill County Health and Human Services supports your right to have services remain confidential. We maintain file information according to state regulations governing your health records. Some clients have requested that we communicate with them electronically via *e-mail* or *texting*. We understand that information contained in *e-mail* or *texting* cannot be guaranteed to remain confidential due to the limitations inherent in the Internet and other electronic media. To that end, we have developed this consent form in the event you would like YCHHS staff to correspond with you by *email* or *texting*.

Our staff may only use electronic communication (*email* or *texting*) as an in-between-session method of correspondence. It is not meant as a substitute for face-to-face services. Copies or summaries of the communication between you and HHS staff will be maintained in your clinical record. Use of electronic communication as a method of correspondence must be indicated in your service plan, and approved by a program supervisor. All of these rules about the use of *email* and *texting* for electronic communication are meant to guarantee the highest level of protection possible to maintain your confidentiality.

The granting of your permission is entirely voluntary and will not affect the services you receive.

Please note, for your safety and well-being, electronic communication should not be used for reporting a mental health crisis. If you are experiencing a crisis during normal business hours, please call a HHS office. For after-hours, please call the crisis hotline at 1-800-560-5535.

I understand the information above and grant Yamhill County HHS staff permission to correspond with me electronically as listed below: (client initials all that apply):

<input type="checkbox"/> Email communication	Individual's Email Address: _____
<input type="checkbox"/> Phone Texting	Individual's Cell Phone #: _____

Client Name: _____
Print

Signatures:	Client	Date
	Guardian	Date
	Provider	Date

A signed copy of the Consent Form must be retained in the clinical record