

Authorization for Electronic Communication

As a convenience to me/us, I/we hereby request that the Mending Fences Institute and/or my/our treatment providers (hereafter the Organization) communicate with me/us regarding my/our treatment via electronic communications (e-mail or text message). I/we understand that this means that the Organization will transmit my/our protected Health Information (hereafter PHI) such as information about my/our appointments, diagnosis, medications, progress and other individually identifiable information about my/our treatment to me via electronic communications.

I/we authorize the Organization to communicate via electronic communication with family members and third party providers such as health insurers, prescribers, pharmacies, physicians, hospitals, schools, lawyers other providers who have signed releases and who are involved with the treatment of me/our, my/our child, my/our family or those individuals that are a party to the case.

I/we understand there are risks inherent in the electronic transmission of information by email on the internet, via text message, or otherwise, and that such communications may be lost, delayed, intercepted, corrupted or otherwise altered, rendered incomplete or fail to be delivered. I/we further understand that any PHI transmitted via electronic communication pursuant to this authorization will not be encrypted. As the electronic transmission of information cannot be guaranteed to be secure the Organization shall not have any responsibility or liability with respect to any error, omission, claim or loss arising from or in connection with the electronic communication of information by the Organization about me/us and to me/us.

I/we agree that the Organization may communicate with me/us electronically unless and until I/we revoke this authorization by submitting notice to the Organization in writing.

After being provided notice of the risks inherent in use of electronic communication, I/we hereby expressly authorize the Organization to communicate electronically with me/us, which will include the transmission of my/our PMI electronically. I/we hereby authorize the transmission of my/our PHI electronically as described above.

Date:

Signature _____ Signature _____

Mending Fences Institute

866 Washington Street Canton, MA 02021

Client _____

Client # _____