



REQUEST AND CONSENT FOR E-MAIL COMMUNICATION
Bluebonnet Trails Community Services

I have requested that Bluebonnet Trails Community Services (BTCS) staff communicate with me (or my Legally Authorized Representative) through e-mail as this is more convenient for me.

Risks common to sending this kind of communication, such as: hackers intercepting these messages, others with access to my computer seeing e-mail communications or attachments that I leave open, unintentional errors in e-mail addresses resulting in information being sent to the wrong person, and the possibility that there will be a longer time lapse before communications of this kind are read, have been explained to me. I am willing to accept these risks.

I also understand that Bluebonnet Trails Community Services will only reply to me (or my family member/caregiver) with encrypted messages, which means I (or they) will have to establish a password when prompted in order to open their response. I (and any family member/caregiver I designate) have been provided the "Guidelines for Use of E-mail Communication" form.

If at any time I wish for staff to stop communicating with me (or my family member/caregiver) in this way, I will so note on this form and alert any members of the staff who are communicating with me by e-mail at that time.

This is the e-mail address I prefer staff use in communicating with me (or my family member/caregiver). I will update the address on this form should it change by marking out the old address, dating and initialing it, and writing the new address next to it.

Printed name of consumer

Printed name of parent/guardian

Signature of consumer or legally authorized representative

Date
