



REQUEST FOR ELECTRONIC COMMUNICATIONS

I request The Works Counseling Center be able to communicate with me via electronic communications. I fully understand that this form of communication may not be secure, creating a risk of improper disclosure of my protected health information to unauthorized individuals.

For the convenience of electronic communications, I am willing to accept that risk and not hold The Works Counseling Center, or any of its Associates, responsible should such incident occur.

Please only select which forms of communication you are requesting:

- Email: _____
- Text: _____

Signed: _____ Date: _____

*You may rescind this request at any time except for such action that has already occurred.