

**Baylor University Speech-Language and Hearing Clinic**  
**Voluntary Communication Preference and Designation of Contact Information**

**Consent and Disclosure Regarding E-mail, Text and Voice Mail Messaging**

Under the Health Insurance Portability and Accountability Act (HIPAA) and related regulations, you have the right to receive your protected health information in electronic form and by the means you direct, including email, an/or text. Email and text messaging can facilitate quick and efficient exchange of information for your benefit, but such communications are not without risk.

Please be advised that e-mail, text and other communications over the internet and cellular networks are not secured by encryption that meets current HIPAA AES 256 encryption standards. Although it is unlikely, there is a possibility that information in an email can be misdirected or intercepted in transmission or storage, and read by other parties besides the person to whom it is addressed, compromising the privacy of sensitive health and personal identity information. Even documents sent with password protection, while providing a certain layer of protection, are likewise not encrypted to HIPAA security standards.

You may request Baylor (Speech, Psych, etc) to send you email, text message or telephone detailed voice mail messages containing health care information related to you/your child/your ward as directed below. You are not required to consent to such communications, and if you prefer not to communicate through these methods, we will continue to communicate with you through US mail, telephone calls or in person as appropriate.

When communicating by text or email, Baylor will provide the minimum necessary information to accomplish the purpose of such communication. When communicating with Baylor, please do not include personal identifying information such as your birth date, social security or government identification numbers, payment information or other personal information, and please do not include any such information in the subject line.

I understand the risks and authorize the use of the following communication methods when communicating with me and my authorized individual (check all that apply):

E-mail address for information to YOU: \_\_\_\_\_

Phone number of text messages to YOU: \_\_\_\_\_

Phone number for detailed voice mail to YOU: \_\_\_\_\_

E-mail address for information to your PATIENT SPOKESPERSON: \_\_\_\_\_

Phone number for text messages to your PATIENT SPOKESPERSON: \_\_\_\_\_

Phone number for detailed voice mail to your PATIENT SPOKESPERSON: \_\_\_\_\_

Signature of Patient/Personal Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Patient/Personal Representative: \_\_\_\_\_

Relationship to Patient \_\_\_\_\_

Accept receiving information through technology  Decline receiving information through technology

\*NOTICE—YOU MAY REFUSE TO SIGN THIS FORM\*