



Behavioral Health Services of Atlanta

Electronic Medical Record and Device Messaging Release

I understand that Behavioral Health Services of Atlanta, LLC utilized a HIPPA compliant electronic medical record system. I further understand that this system and Behavioral Health Services of Atlanta, LLC takes my privacy and security seriously. Therefore, I understand that all information on the system is held completely confidential and encrypted to protect my privacy and is only used for the purpose of providing the best possible care and maintain adequate documentation and meet billing needs.

Signature: _____

Date: _____

Electronic Device Messages and Use

Risk of using email and text messages: The use of email and text message has a number of risks that you should consider. These risks include, but are not limited to, the following:

- a. Emails and texts can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.
- b. Senders can easily misaddress an email or text and send the information to an undesired recipient.
- c. Backup copies of emails and texts may exist even after the sender and/or the recipient has deleted his or her copy.
- d. Employers and on-line services have a right to inspect emails and texts sent through their company systems.
- e. Emails and texts can be intercepted, altered, forwarded or used without authorization or detection.
- f. Emails and texts can be used as evidence in court.
- g. Email and text messaging may not be secure, and therefore it is possible that a third party may breach the confidentiality of such communications.

Conditions for the use of email and text messages: Behavioral Health Services of Atlanta, LLC and Anthea M. Johnson cannot guarantee but will use reasonable means to maintain security and confidentiality of email/text information sent and received. You must acknowledge and consent to the following conditions:

I give Behavioral Health Services of Atlanta, LLC and any contracted entity permission to text my mobile number on file.

Yes No

Signature: _____
Date: _____

I give Behavioral Health Services of Atlanta, LLC and any contracted entity permission to leave voice messages on my phone number on file.

Yes No

Signature: _____
Date: _____

I give Behavioral Health Services of Atlanta, LLC and any contracted entity permission to email the email address I have on file.

Yes No

Signature: _____
Date: _____

Withdrawal of consent

I understand that I may revoke this consent at any time by so advising WCC in writing. My revocation of consent will not affect my ability to obtain future health care nor will it cause the loss of any benefits to which I am otherwise entitled.

IN A MEDICAL EMERGENCY, DO NOT USE EMAIL, CALL 911. Do not email or text for urgent problems. If you have an urgent problem during regular business hours, you may call 404-587-2733, or in cases of emergency call 911.

Staff Signature: _____
Date: _____