

Authorization to Communicate by E Mail

Client Name: _____

Client History #: _____

By signing below, I grant permission for Jewish Family Services of Durham-Chapel Hill (JFS), and their representatives, to communicate with me via email. I understand that email communication to or from JFS may include sensitive client information. I understand that JFS does not use encryption software nor will it guarantee that email communication is HIPAA compliant. I confirm that the email address that I have given is a private email and I release JFS from any responsibility for access to my private email by any person not authorized by me.

I would like to receive information pertaining to JFS programs and services.

The following is my authorized email address:

E-Mail Address (*Please Print Clearly*)

_____ Date ____ / ____ / ____

Signature of JFS Client or Guardian

_____ Date ____ / ____ / ____

Signature of JFS Staff

Clinician: _____