



Request for Electronic Communications

Client Name: _____

Date of Request: _____ Date of Birth: _____

Barrington Behavioral Health & Wellness, PC (BBHW) offers the use of a secured portal through our electronic health records system. This portal protects the integrity to your personal health information (PHI). BBHW encourages the use of this portal for all communications with your provider.

Use of communications outside of the portal such as Text (SMS/MMS) or personal email are not a secure means to transfer your personal health information.

Communications:

Communications may include, but may not be limited to, appointment reminders, appointment scheduling, transfer of documents, fees, personal information, Personal Health Information (PHI) and more.

Acknowledgement and Agreement:

I understand and agree that the requested communication method(s) may not be secure making my PHI at risk for receipt by unauthorized individuals. I accept the risk and will not retaliate against BBHW in any way should this occur.

Signed: _____ Date: _____

Print Name: _____ Phone: _____

Address Line 1: _____ Mobile: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____

Personal Representative: _____ Date: _____

Received by: _____ Date: _____