



TRINITY COUNTY

Behavioral Health Services

MENTAL HEALTH · SUBSTANCE USE DISORDERS · PREVENTION

Request for Communication via Email and/or Text Message

By signing below, I hereby authorize Trinity County Behavioral Health Services (TCBHS), and its providers and other TCBHS Medical or administrative staff to communicate with me using electronic mail (email) and/or a text messaging device (text) at the below email address or text message number:

Email address: _____ and/or

Text message number(s): () _____ - _____ () _____ - _____

TCBHS is not responsible for the security of my email and/or text messages. Email and/or text messages can be intercepted, spied upon, hacked, or accessed, without my consent and outside of TCBHS' control. I understand that the disclosure of all or part of that information to which this authorization pertains could endanger me.

My email and/or text message provider is not part of TCBHS and TCBHS cannot provide nor ensure the protection of communications, or the information contained therein, that is transmitted to or from me, or stored in my email and/or text account.

I am aware of existing State and Federal Statutes, Rules and Regulations which provide for my right to confidentiality of information.

I understand the above and hereby release and hold harmless TCBHS from any liability, claims, damages, losses, and expenses due to the information transmitted by or to me, pursuant to this request for email and/or text message communication.

I have received a copy of this request (please initial): _____ Yes _____ No

Client/Consumer Signature

Date

Authorized Representative
if not client, relationship to client:

Date

P.O. Box 1640
1450 MAIN STREET
WEAVERVILLE, CA 96093
TEL: (530) 623-1362
FAX: (530) 623-1447

P.O. Box 91
154 TULE CREEK ROAD STE. B
HAYFORK, CA 96041
TEL: (530) 628-4111
FAX: (530) 628-1982