

LTC Compliance/Privacy Manager

## UPCAP Consent and Authorization for Use of Electronic Mail or Text Message

I, electronic mail (email) c	, am reques r text message. My email address a	ting UPCAP to communicate	with me through
orden orme main (emain) e		none:	
Other(s) I authorize to r	eceive email or text message commu		
` '	Email:		
	Email:		
Name:	Email:	cell phone:	
confidential method of communications between	of encrypted email or text messaging communication. I further understand the en UPCAP, UPCAP staff and me, or or to be intercepted by third parties or train	that there is a risk that email other authorized individuals,	or text message regarding my medical
Transmitting information the following:	n includes risks of which you should b	pe aware. The risks include,	but are not limited to
<ul> <li>Employers and opass through the</li> <li>Email is easier to the true identity been sent.</li> <li>Emails can intro</li> </ul>	o falsify than handwritten or signed had of the sender, or to ensure that only to duce viruses into a computer system.	t to inspect and keep emails ard copies. In additional, it is he recipient can read the em , and potentially damage or o	or text messages that is impossible to verify nail or text once it has disrupt the computer.
permission of the being sent to ma  • Email or text me the email, back-	warded, intercepted, circulated, store e person or the client. Email senders any unintended and unknown recipier ssage are indelible. Even after the sup copies may exist on a computer of text message to discuss sensitive infoto third parties.	can easily misaddress an e nts. ender and recipient have del r in cyberspace.	mail, resulting in it
information sent and red security and confidentia information that is not the	able means to protect the security an ceived. However, because of the risk lity of email communication and will redirect results of intent of misconduns are not a part of the medical recor	is outlined above, UCPAP ca not be liable for improper disc ct by an UPCAP employee.	annot guarantee the closure of confidential
as sexually transmitted	g should not be used for communicati disease, AIDS/HIV, mental health, de will not discuss such matters over em	evelopment disability or subs	
	ny time, revoke my consent for email oire upon termination from UPCAP se		nless revoked verbally
Participant/Representative Signature		Date signed	

Date signed

Revised 12/23