



## Permission for Electronic Transmission (Internet and Text) of Information

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Signatu	This release does NOT give permission to utilize social media at I understand that I may refuse to sign this authorization and that services from Residential Opportunities, Inc. I understand that I may withdraw my authorization at any time effective to prevent disclosure of information previously authorization.  My signature means that I have read this form and/or have hinformation will be disclosed, and in what manner, and give my My signature means that, if I am not signing for myself, I his confirms that I am the legal representative/guardian for the idenure of Individual/Guardian/Legal Representative	t my refusal to a  I understand orized or to st ad it read to m voluntary consolave the legal a titified individual	also that such withdrawal of my authorization may not be op previous action that has been taken in reliance on this e and explained in language I can understand. I know wha ent to its release.  authority to sign for the identified individual. My signature
l give	permission for the use of unencrypted email to		
4. 5.	BCBA/QBHP GLC Support Specialist/Assistant	10.	
3.	Coordinator GLC Clinical Director	8. 9.	
1. 2.	Individual and/or Individual's Guardian KCMHSAS or other authorized Supports	7.	GLC Billing Specialist GLC Business Development Manager
I autho	orize GLC staff to communicate via email or te	xt with the	following persons:
consist rules, in PHI or manne the info interne	ation transmitted will be specific and limited to the interent with the need to maintain, improve, or ensure confunction will be shared on a "need to know" basis. I other sensitive information. Your signature verifies that (see page 2 with identified risks). Risks include an upormation accidentally being sent to or received by an upont is not guaranteed delivery. Further, once the electrostabsequent use or re-transmission.	tinuity of care Every attemp at you under nauthorized nintended re	e. Consistent with Confidentiality and HIPAA of will be made to minimize the identification of stand the risk of sharing information in this party potentially intercepting the information and cipient. Additionally, transmission over the
release, you authorize the staff of the Great Lakes Center for Autism Treatment and Research to electronically transmit information; which may, intentionally or unintentionally, include protected health information and other data related to and about the following individual:			
Electronic transmission means sending information via a device connected to the internet, phone, or cellular service; such as a desktop laptop, tablet, or cell phone utilizing an email, text, or other software, app, or platform. By signing this			

Revision Date: 12/13/2018





## Known Risks Associated with the use of Electronic Communication

- Email and texts can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.
- Email and text senders can easily misaddress an email or text and send the information to an undesired recipient.
- Backup copies of emails and texts may exist even after the sender and/or the recipient has deleted his or her copy.
- Employers and online services have a right to inspect emails and texts sent through their company systems.
- Emails and texts can be intercepted, altered, forwarded or used without author detection.
- Email and texts can be used as evidence in court.
- Emails and texts may not be secure and therefore it is possible that the confidentiality of such communications may be breached by a third party.
- There is heightened risk to confidentiality when agreeing to communication about protected health information via email or text.
- Due to the risks described above, ROI employee cannot guarantee, but will use reasonable means to maintain security and confidentiality of email and text information sent and received.
- Other risks unknown or unidentified at the time of the signing

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