



## Partners for Behavioral Health and Wellness

24800 Highpoint Road, Beachwood, OH 44122

Phone: 216.342.5496 FAX: 216.763.9700

### AUTHORIZATION TO COMMUNICATE VIA CELL PHONE, EMAIL, TEXTING, & VIDEO

Patient name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient email address: \_\_\_\_\_

- I authorize my clinician to communicate with me using cell phone, electronic mail (email), texting, and electronic video.
- I understand that cell phone, email, texting, and video may not be secure, and private, and there is a risk of the communication being viewed or read by a third party.
- My clinician and Partners for Behavioral Health and Wellness, Inc. ("Partners") will not be held responsible for any unauthorized access to my protected health information and I hereby release and discharge my Clinician and Partners from any damages, claims, or other liability related directly or indirectly to use of cell phone, email, texting, and/or electronic video devices.
- I may revoke this authorization at any time in writing to my clinician named above.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date