



PRIVACY - ELECTRONIC COMMUNICATION ADDENDUM

As a courtesy, River Valley Psychological Services provides appointment reminders and account notifications via automated voice, text, and email* (*email not available for appointment reminders).

Please be advised, internet and cellular data is not always encrypted, and therefore according to HIPAA, is not always considered 100% private. In order to protect patient privacy, it is River Valley Psychological Services' policy to provide these forms of communication with patients' informed consent. In doing so please be assured, River Valley Psychological Services uses only minimal information necessary in order to remind patients when they may have an upcoming appointment or a bill they might have forgotten to pay.

By signing below, you are acknowledging you have been informed of the privacy concerns of electronic communications. Further down, please indicate whether or not you consent to receive any such communications, and if so, your preferred method of communication.

Signature _____ Date of Birth _____ Date _____

Print Name: _____

I do (), I do not () consent to receive automated electronic communications.

If yes, please indicate preference. () Text () Voicemail

Text / Voicemail capable phone: () _____ - _____

Email address: _____