



Authorization to Communicate by Email

Client Name: _____

Client History #: _____

By signing below, I grant permission for Jewish Family Services of Durham-Chapel Hill (JFS), and their representatives, to communicate with me via email. I understand that email communication to or from JFS may include sensitive client information. I understand that JFS does not use encryption software nor will it guarantee that email communication is HIPAA compliant. I confirm that the email address that I have given is a private email and I release JFS from any responsibility for access to my private email by any person not authorized by me.

I would like to receive information pertaining to JFS programs and services.

The following is my authorized email address:

Email Address (Please Print Clearly)

Signature of JFS Client or Guardian

Date ____/____/____

Signature of JFS Staff

Date ____/____/____

Clinician: _____