



640 Holly Ave
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trinitycenterinc@gmail.com

Consent for Transmission of Protected Health Information by Email

I consent to allow Trinity Center to communicate with me via email. I also consent to allow the video platforms used by Trinity Center to communicate with me via email if I elect to schedule video sessions. I understand that Trinity Center will take precautions to safeguard my privacy and confidentiality by using encrypted and secure email when possible and limiting the frequency and content of email communications; however, I also understand that email is generally considered an unsecured method of communication, and privacy and confidentiality cannot be guaranteed. Risks of email include, but are not limited to, the following: emails can be forwarded, circulated and saved by others; emails can be lost in transmission or received by unintended recipients; and emails can be intercepted, altered and falsified without detection.

I understand that Trinity Center will not always be available by email, and that if I choose to send an email, there is no guarantee that an email will be read in a particular period of time. I understand that if I have an urgent concern, I should contact Trinity Center by calling the office at (336)725-3999 during business hours and the on-call phone at (336)671-8777 outside of business hours. In the event of an emergency, I know to call 911.

I have been informed of the risks of transmitting my protected health information by unsecured means. I understand that I am not required to sign this agreement in order to receive treatment. I understand that I have the right to revoke this authorization at any time, but my revocation is not effective until received in writing by Trinity Center, Inc.

Client Name (print)

Parent/Guardian Name and Relationship if client is under 18 (print)

Client Signature (or Parent/Guardian Signature if client is under 18)

Date

Email address