



CCCD# \_\_\_\_\_

### UNENCRYPTED EMAIL REQUEST AND CONSENT

**The UT Dallas Callier Center cannot insure the confidentiality of unencrypted email.**

This notice is to request that all emails from the UT Dallas Callier Center be sent to me in an unencrypted format. I acknowledge that these emails are not secure and may be used or read by someone else; therefore, my personal protected health information or my child's protected health information may be compromised through this unencrypted email communication.

Email Address: \_\_\_\_\_

The reason for requesting unencrypted emails is:

\_\_\_ Ease of access

\_\_\_ Other reason:

Patient's name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of request: \_\_\_\_\_

Parent/Authorized Representative's Name: \_\_\_\_\_

\*Signature: \_\_\_\_\_

\*Email notification from the patient/parent/authorized representative containing all the required information may be accepted by the Callier Center as official notification to receive unencrypted email messages. Email subject line should read "Unencrypted Email Request." Please email the completed information to the Case Manager of your services.