



Enhanced Communications – OHS Voluntary Permission Form

Participant Name:	ID #
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I, _____, request OHS to use the following alternative method to contact me:

Phone Number: ____ - ____ - ____ - ____ - ____ - ____

- By providing my phone number, I am requesting OHS to call me and if I am not available leave detailed messages regarding my DUI Program on the voice mail attached to this phone number.

E-mail: _____

- By providing my email address, I am requesting OHS to email me detailed information regarding my DUI Program via email.

I understand that the message/email may contain information related to my status in the DUI Program and may include information on my next scheduled activity, courtesy notice of my missed activities, and my program status. Any e-mails containing personal information or information pertaining to payment(s) or account balance will be sent encrypted. If you receive an encrypted e-mail, you will be prompted to create a secure log in to retrieve your email. Please note if you reply to an e-mail from OHS with information that is not encrypted, it is not considered secure.

I understand that receiving my DUI information by e-mail has risks that should be considered. These risks include, but are not limited to: The e-mail can be circulated, forwarded, and stored in numerous paper and electronic files. E-mails can be immediately broadcast worldwide and be received by unintended recipients. E-mails senders can easily misaddress an e-mail. E-mails can be easier to falsify than handwritten or signed documents. Backup copies of e-mail may exist even after the sender or the recipient has deleted his or her copy. Employers and on-line servers have a right to archive and inspect e-mails transmitted through their systems. E-mails can be intercepted, altered, forwarded, or used without authorization or detection. Finally, e-mails can be used to introduce viruses into computer systems. E-mails can also be used as evidence in court. Due to the inherent risks outline above, OHS cannot guarantee the security and confidentiality of e-mail communication and will not be liable for improper disclosure of confidentiality of information that is not caused by OHS's intentional misconduct. OHS will use reasonable means to protect the security and confidentiality of information sent via e-mail.

Consent to the use of e-mail includes agreement with the following conditions:

- All e-mails to or from the participant concerning program activities, program fees, or any issues related to program status may be printed out and made part of the participant's file.
- OHS may forward e-mails internally to OHS's staff necessary for program delivery.
- The participant is responsible for protecting his/her password or other means of access to e-mail. OHS is not liable for breaches of confidentiality caused by the participant or any third party.
- Should the participant decide that they no longer wish to actively engage in the Enhanced Communication program by e-mail or phone, it is their responsibility to inform OHS in writing of their decision.
- The phone number and/or e-mail address I am authorizing OHS to use is in effect until I provide OHS, in writing (see reverse side of form) that I no longer wish to utilize this form of communication.

I have read, understand and agree to the OHS Enhanced Communication Contract and have received a copy for my reference.

Participant Signature:	Date:
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Request to Terminate Voluntary Permission of Enhanced Communication

Participant Name:	ID #
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I, _____, withdraw permission to utilize this form of communication.

___ I voluntarily terminate my utilization of the Enhanced Communication for phone purposes.

___ I voluntarily terminate my utilization of the Enhanced Communication for e-mail purposes.

Participant Signature:	Date:
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Upon participant completion of this Termination the OHS staff member will complete the following:

- Email removed in Civerex
- Phone Number – No longer available to leave a detailed message.
- This form turned over in client file to show completed Termination of Voluntary Permission of Enhanced Communication.

Completed By: _____ Date: _____

