



# CHILDREN'S CLINIC

Washington University  
Clinical Associates

## School/Camp Form Request

Fax Completed Form: 314-862-2044

Patient Name: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Phone Number: \_\_\_\_\_

Parent Email:\* \_\_\_\_\_

**Forms may take 3-5 business days to complete.**

**If you have a specific form, please send it with this request.**

**\*If you wish to receive the form back via email, then please complete the form on the next page.**

Comments:

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# Authorization to Utilize Unsecure Communications for Sharing Protected Health Information

Electronic mail (email) and text messaging are very common and convenient forms of communication. These methods may be used to share information between you and your health care providers. As a patient, you have the right to confidentiality of your Protected Health Information (PHI). It is important for you to understand that there is a potential risk that email and text messages containing your protected health information may be intercepted by a third party.

Before BJC HealthCare and the Washington University School of Medicine, and each organization's affiliated health care providers and third-parties working on BJC HealthCare and the Washington University School of Medicine's behalf ("BJC" and "WUSM"), can send you email or text messages, we are required to make you aware of these risks and to obtain your authorization. **If you elect to receive communications in this manner, we or a third-party working on our behalf will use the information you provided to BJC or WUSM to send phone messages, texts, and emails regarding your upcoming or missed appointments, to follow-up regarding your clinical management and experiences, inquire about symptoms and events as determined by each department and/or entity, and other communications including, but not limited to patient experience surveys and billing.** We will limit information sent to you to the minimum deemed necessary.

Email, phone, text and other messages may become a part of your patient medical record and may be accessible to the clinical support staff and providers responsible for your care.

Your email, phone, and text responses will be recorded and reviewed by a designated healthcare provider. Not all responses will receive follow-up. If you expect a response from your provider's office and have not heard back, please call the office during regular business hours. **EMAIL AND TEXT MESSAGE COMMUNICATION SHOULD NEVER BE USED IN THE CASE OF AN EMERGENCY OR FOR URGENT REQUESTS FOR INFORMATION.**

## AUTHORIZATION

By supplying my home phone number, mobile phone number, email address, and any other personal contact information, I authorize BJC or WUSM to employ a third-party automated outreach and messaging system to use my personal information, the name of my care provider, the time and place of my scheduled appointment(s), and other limited information, for the purpose of notifying me of a pending or missed appointment and/or other purposes authorized in this authorization. I understand that notifications may use an auto dialer and/or prerecorded or artificial voice and may be repeated multiple times per appointment and may exceed contacts more than three times per week.

If I choose to communicate from a workplace computer, email account, or workplace phone, I understand that my employer and workplace agents may have access to those email and text communications.

I understand that this authorization may be revoked at any time and must be done in writing. I understand that the revocation will not apply to information that has already been released.

I agree to update you if my phone number or email address change. I understand this authorization is valid while in a treatment relationship with any BJC or WUSM provider.

My initials indicate that I understand and accept the terms and conditions outlined herein.

\_\_\_\_\_ **I AUTHORIZE BJC and WUSM** to send me unsecured email and text messages to the phone number and email address I provide to any BJC or WUSM health care provider. I understand that changes to my MyChart Account will also impact where such email and text messages are delivered.

\_\_\_\_\_ **I DECLINE** to receive unsecured email and text messages from BJC and WUSM.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to patient

\_\_\_\_\_  
Date