



## Notice and Consent of Communication via Unencrypted Email

**Notice:** Unencrypted or “non-secure” email is not a secure form of communication. There is a risk that any individually identifiable health information and other sensitive or confidential information that may be contained in an unencrypted email may be misdirected or intercepted by unauthorized third parties. If you wish to use this form of communication, you may consent to receive unencrypted email messages from the Department of Social and Health Services (DSHS). DSHS cannot refuse you benefits if you do not sign this form.

**Consent:** Please read the following and sign below to acknowledge your consent to receive unencrypted emails from DSHS.

**I understand and accept the risk of receiving my client information from DSHS via unencrypted email. I understand that I can withdraw my consent in writing at any time.**

Signature	Date
Print your name here	

To Terminate Authorization	
I, _____, choose to withdraw my permission to receive (print name) unencrypted e-mails; this will not affect information previously disclosed.	
Client signature	Date