

Client ID: _____
(for internal use only)

Client Name: _____

Date of Birth: _____

E-SIGNATURE CONSENT

Init. By initialing the Box containing "Accept" I hereby state that I have read, understood, and agree to the terms of this document and I consent to receive all Communications electronically as stated above., and am aware that I may request a copy at any time, or view/download it on the Canvas Health website at www.canvashealth.org.

TELEHEALTH AGREEMENT

Init. I affirm that I have read, understood, and agree to the terms of this document, and am aware that I may request a copy at any time, or view/download it on the Canvas Health website at www.canvashealth.org.

UNSECURED ELECTRONIC DATA CONSENT FORM

Init. I affirm that I have read, understood, and agree to the terms of this document, and am aware that I may request a copy at any time, or view/download it on the Canvas Health website at www.canvashealth.org. I understand the risks associated with the communication of non-secure electronic data transmission between Canvas Health and me and consent to the conditions outlined herein. I agree to the instructions for communicating by non-secure electronic data transmission as outlined here, as well as any other instructions that Canvas Health may impose to communicate using non-secure electronic data transmission. I agree that because of my written agreement that use of non-secure electronic data transmission to communicate with me concerning non-public data is a reasonable and proper way to communicate with me.

(please check all boxes that apply)

I wish to communicate by: Unsecure E-mail Text Both (Check boxes that apply)

Email	Text #	Recipient

Minor Client

Init. The minor child listed above ages 13 to 17 may communicate through texting or emailing. I understand that they may struggle to understand consent and ramification of email and texting. I agree to take on this responsibility for this minor child as well.

Client/Guardian Print (if client under 18)_____
Relationship to Client_____
Client/Guardian Signature (if client under 18)_____
Date