



THE UNIVERSITY OF TEXAS AT DALLAS
Callier Center for Communication Disorders

Patient _____

Date of Birth _____

CCCD# _____

CONSENT FOR ELECTRONIC-MAIL (E-MAIL) CORRESPONDENCE

UT Dallas/Callier Center employees may correspond with patients or parents/guardians through encrypted e-mail when this form is completed and signed. No one is required to sign this form if they do not want to correspond through e-mail.

The UT Dallas/Callier Center e-mail encryption procedure is mandatory. Encrypted e-mail will not be used solely for patient care and under no circumstance in an emergency. If an e-mail is not answered within 24 hours by a Center employee, a follow-up phone call from you to the Center employee is recommended.

By signing this form,

- 1.) I consent and agree for the Callier Center to use encrypted e-mail as an option to communicate with me.

Send encrypted e-mail to this address: _____

(Be sure to sign below.)

- 2.) I request that the Center also send encrypted e-mail related to my treatment to:

Name _____

E-mail Address _____

Name _____

E-mail Address _____

Signature of Patient or Parent/Guardian _____

Date _____