

P.O. Box 20395
Waco, TX 76702
Bus: (254) 772-8999
Fax: (254) 772-4770

Email Informed Consent

, agree to allow Family Abuse Center staff to		
communicate with me via email in order to be	st facilitate (select	one):
☐ Case management ☐ Legal advocacy	\square Counseling	☐ Other:
I understand that: (initial each)		
Email is not a secure form of communication	on and can be interc	cepted and read by other people.
 Email is not a confidential communication and want made publically available. I should avoid communicating with FAC starmy email. I should avoid "replying" to an email from a email to limit the amount of information composite this information to an unsafe personal provide this information to an unsafe personal provide the information of the provide that information to an unsafe personal provides are all confidential conducts and make the provides are all confidential conducts and make the provides are all confidential conducts. 	ff through email if I an FAC staff member ontained in a single fic names of meeting on if my email is conwith FAC staff to an annunications with wilege.	believe my abuser could be accessing er, but should respond with a new email message. Inglocations in an email can potentially mpromised or intercepted. By third party could potentially waive FAC staff, though the forwarding alone
I authorize Family Abuse Center to communicat	e with me at the fo	ollowing email address:
	@	
I authorize Family Abuse Center to communicat ☐ Setting up or getting reminders about ☐ Exchanging documents (specify what a ☐ Other (as specific as possible): ☐ Understand that I may revoke this consent upon	meetings or group documents):	S
automatically expire one year after date of sign	•	•
Expiration:		
☐ Consent Expires:	(not to exceed 12 months)	
\square Expires upon termination or graduation from	FAC Housing	
Client Signature		Date
Staff Signature		 Date