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# Sample Contact Form Conventional Non-Secure Communications Acknowledgement/Opt-In Language

**By checking the box below I acknowledge:**

(one of the two checkboxes must be selected as a required field)

Conventional email is inherently insecure and therefore poses a risk to the privacy and security of my Protected Health Information. I accept these risks and consent to [INSERT PRACTICE NAME] therapist's and office staff communicating with me via unsecured email with regards to scheduling, billing, and payment for healthcare services. I am not required to give this consent in order to receive treatment.

I only wish to be contacted via secure communication means, or at the phone number provided, until such time as I may elect to make a request for communication via non-secure means.