



WEAVER CENTER

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**WEAVER CENTER
AUTHORIZATION FOR ELECTRONIC RELEASE OF INFORMATION**

I, _____, hereby give my authorization for Weaver Center to exchange information about
Client/Parent if under the age of 18

_____ via electronic mail (e-mail) and facsimile to the following persons/address(es):
Client's Name

Name / Email address

Name / Email address

I understand that Weaver Center cannot guarantee the confidentiality of electronically transmitted information.

I authorize Weaver Center staff to use or disclose via E-mail, or by facsimile, all communications deemed necessary by the patient and the Weaver Center clinician for the purposes of providing services, including communication regarding appointments, billing, evaluations, patient information, and documents.

Weaver Center cannot guarantee that any particular e-mail message received by Weaver Center will be read and responded to within any particular period of time. Because of this, we will only use e-mail for general patient information. DO NOT USE email for emergencies, or other time sensitive matters.

Weaver Center will make all e-mail messages, sent or received, that concern the diagnoses or treatment of a patient part of that patient's medical record and will treat all such e-mail messages with confidentiality. Weaver Center will use reasonable means to protect the security and confidentiality of e-mail information. Because of the risks outlined above, Weaver Center cannot, however, guarantee the security and confidentiality of email communication.

I understand that there are risks associated with e-mail and facsimile communication, including interception and falsification. Because of this, I will take precautions to preserve confidentiality and will inform Weaver Center of any changes to my e-mail address. I understand that I can revoke or cancel this Authorization for Electronic Release of Information at any time by submitting a written request to Weaver Center staff. If I do this, it will prevent any emails after the date it is received, but I understand that some information may have been sent before the date Weaver Center received and processed my request.

I understand that I do not have to sign this authorization and that my refusal to sign will not affect my abilities to obtain treatment and/or communication from Weaver Center.

I affirm that I have read, understand, and agree with this form of release and will ask Weaver Center if I have any questions or concerns regarding my consent to this release of information now or any time in the future.

Signature: _____

Print Name: _____ Date: _____