

Career Opportunity Development, Inc.
Electronic Communication Authorization

Career Opportunity Development [CODI] understands that privacy is crucial. CODI is required by law to maintain the Privacy of Electronic Protected Health Information/Protected Health Information (EPHI/PHI) (*please refer to CODI's Notice of Privacy Practices for further information*). There are limitations to ensuring confidentiality should consumer choose to communicate with CODI staff electronically.

- CODI staff shall not share electronic communication externally without a signed Release of Consumer Information.
- CODI staff shall not electronically disclose any EPHI/PHI.

I authorize CODI to electronically communicate with me. I understand that requested communication method may not be secure, and at risk for unauthorized viewing.

Consumer Name (Print)

Consumer Signature/Date

Guardian Signature/Date

Staff Signature/Date

Withdrawing Authorization: I hereby withdraw my authorization to electronically communicate with CODI.

Consumer Signature/Date