



Rae's Playze Adult Day Center
SEEING THROUGH THE EYES OF OTHERS

Communication Consent

I, _____, hereby consent for Rae's Playze Adult Day Center, to communicate with me via e-mail, text and/or voice mail regarding the following aspects of _____'s care and services. I understand that e-mail and/or voicemail is not a confidential method of communication. I further understand that there is a risk that e-mail communications and/or voice mails between Rae's Playze Adult Day Center and me regarding _____'s care and services may be intercepted by third parties or transmitted to unintended parties. I also understand that any e-mail communications between Rae's Playze Adult Day Center and me regarding _____'s care and services will be printed out and made a part of the medical record. This consent will be valid one year for the date of signature.

Please check the following that apply to your agreement:

- I agree to allow text and voice mails for the following number(s):

(_____) _____

(_____) _____

- I agree to allow emails to be sent to the following email address:

- I do not agree to:

emails

text

voice mails

Member / Authorized Designee Signature

Date