



Peace Corps

CONSENT/AUTHORIZATION FORM

REMINDER: THIS IS COMPLETELY VOLUNTARY

I, _____, hereby authorize the Peace Corps Office of Volunteer Support to communicate with me by electronic mail at the email address below and/or by telephone text at the telephone number listed below. I understand protected health information, which may include personally identifiable and medically sensitive information about me, may be included in such communications.

This disclosure is at my request. I understand that there is some risk of inadvertent disclosure to unauthorized persons during transmission. I understand that the information disclosed pursuant to this consent is subject to re-disclosure by the recipient(s), which may result in the loss of Privacy Act or Health Insurance Portability and Accountability Act (HIPAA) protections. I understand that I may also revoke this authorization in writing at any time.

It is my responsibility to notify Peace Corps of any change in my email address or telephone number.

Current email address to be used for receipt of medically sensitive information:

Current telephone number to be used for texting medically sensitive information:

Signature (Full Name)

Date of Birth

Date

1111 20th Street, NW.
Washington, DC 20526