



# Authentic Life

Christian Counseling

## CONSENT FOR COMMUNICATION OF PROTECTED HEALTH INFORMATION VIA UNSECURE TRANSMISSIONS

**This consent form is for the communication of Protected Health Information (“PHI”) that Authentic Life Christian Counseling (“ALCC”) may transmit without the written authorization of the client as described in the Uses and Disclosure section of ALCC’s Notice of Privacy Policies.**

I, \_\_\_\_\_, hereby consent and authorize ALCC to communicate my PHI through the following unsecure transmissions (please initial all your choices):

- \_\_\_\_\_ Cellular/Mobile Phone this includes text messaging & voicemails  
Please Insert Cell Phone Number \_\_\_\_\_
- \_\_\_\_\_ Unsecured Email  
Client’s Email: \_\_\_\_\_  Send  Receive  
Please Circle One: Work/Personal
- \_\_\_\_\_ Therapist’s Email: \_\_\_\_\_  Send  Receive
- \_\_\_\_\_ Appointment/Scheduling Reminder System: TherapyNotes
- \_\_\_\_\_ Other Media: Please describe: \_\_\_\_\_
- \_\_\_\_\_ I do not wish to have my protected health information transmitted electronically

Should we agree to communicate by the approved communications listed above, i.e. text, email, telephone, or any other electronic method of communication, confidentiality extends to those communications. However, ALCC cannot guarantee that those communications will remain confidential. Even though ALCC may utilize state of the art encryption methods, firewalls, and/or back-up systems to help secure our communication, there is a risk that the electronic or telephone communications may be compromised, unsecured, and/or accessed by an unintended third-party. There is never a 100% guarantee information will remain confidential when transmitted electronically.

I, \_\_\_\_\_, consent to ALCC transmitting the following PHI by the above selected electronic communications (please initial all your choices):

- \_\_\_\_\_ Information related to scheduling/appointments
- \_\_\_\_\_ Information related to billing and payments
- \_\_\_\_\_ Information related to your mental health treatment (this may contain personal materials, forms, suggested articles, homework, etc.)
- \_\_\_\_\_ Information related to ALCC’s operations
- \_\_\_\_\_ Other Information; Please Describe: \_\_\_\_\_

I further understand that if I initiate communication via electronic means that I have not specifically consented to in this form, I will need to amend this consent form so that my therapist may communicate with me via that method.

\_\_\_\_\_  
Signature of Client/Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Client/Parent/Legal Guardian

\_\_\_\_\_  
Date