



CONSENT FOR COMMUNICATION OF PROTECTED HEALTH INFORMATION VIA UNSECURE TRANSMISSIONS

This consent form is for the communication of Protected Health Information (“PHI”) that Attention and Learning Assessment Services PLLC (“ALAS”) may transmit without the written authorization of the client as described in the Uses and Disclosure section of ALAS’s Notice of Privacy Policies.

I, _____, hereby consent and authorize ALAS to communicate my PHI through the following unsecure transmissions (please initial all choices):

Cellular/Mobile Phone text messaging & voicemails: # _____

My Unsecured Email: _____ Send Receive

Psychologist’s Email: stephaniesharpllc@gmail.com Send Receive

Appointment/Scheduling Reminder System _____

Other Media (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, ALAS cannot guarantee that those communications will remain confidential. Even though ALAS 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 ALAS transmitting the following PHI by the above selected electronic communications (please initial all choices):

Information related to scheduling/appointments

Information related to billing and payments

Information related to the evaluation (this may contain personal materials, forms, evaluation results, recommendations, suggested resources, consult, etc.)

Information related to ALAS’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 psychologist may communicate with me via that method.

Signature of Client (if age 15 or over)

Date

Signature of Parent/Legal Guardian

Date

