

Consent For Communication of Protected Health Information By Unsecure Transmissions

This consent form is for the communication of Protected Health Information (“PHI”) that the therapists at The Mariposa Center may transmit without the written authorization of the client as described in the Uses and Disclosure section of its Notice of Privacy Policies.

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

- _____ Cellular/Mobile Phone this includes text messaging
(Please Insert Cell Phone Number: _____)
- _____ Unsecured Email
(Client’s Email: _____ Send ___ Receive _____)
(Therapist’s Email: _____ Send ___ Receive _____)
Please Circle One: Work Personal
- _____ Appointment/Scheduling Reminders
- _____ Other Media:
(Please describe: _____)
- _____ I do not wish to have my protected health information transmitted electronically

Should you agree with The Mariposa Center 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, The Mariposa Center cannot guarantee that those communications will remain confidential. Even though the therapists at The Mariposa Center may utilize state of the art encryption methods, firewalls, and 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, _____, understand that my therapist at The Mariposa Center may not use and disclose the following PHI without my written authorization. However, I consent to The Mariposa Center 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 The Mariposa Center’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 Therapist

DATE

Signature of Supervisor (if applicable)

DATE