

Optional Consent for Communication by Non-Secure Means

Throughout the course of treatment, communication via email, text message (i.e. "SMS"), or other electronic methods of communication may become useful. Electronic forms of communication that are not encrypted (such as standard email and text messaging) are not considered fully secure (they are vulnerable to third-party interception while in storage or transmission) and do not meet the security standards set forth by the Health Insurance Portability and Accountability Act (HIPAA). For this reason, if you would like me to be able to communicate with you via text messaging, emailing, or other non-secure forms of electronic communication, your consent is required. You are not required to authorize the use of email, text messaging, or other non-secure methods of electronic communication, and a decision not to sign this authorization will not affect your treatment in any way.

I have been informed of the risks of transmitting my protected health information by unsecured means. I understand that I am not required to sign this agreement in order to receive treatment and that my treatment will not be affected in any way if I decide not to sign this authorization. I also understand that I may terminate this consent at any time.

I consent to allow Dr. Kim Farber, LMFT to transmit the following protected health information via non-secure electronic forms of communication such as email and text messaging:

- Information related to the scheduling/rescheduling of session times
- Information related to billing and payment
- Information related to diagnosis
- Dates of treatment
- Any and all information necessary

Other (please specify): _____

Name (please print): _____

Signature: _____ Date: _____

Email address that Dr. Kim Farber, LMFT may send electronic communications to:

Phone number that Dr. Kim Farber, LMFT may text electronic communications to:
