

MELISSA HUNTER THERAPY, PLCC
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CONSENT FOR COMMUNICATION OF PROTECTED HEALTH INFORMATION VIA UNSECURE TRANSMISSIONS

This consent form is for the communication of Protect Health Information (“PHI”) that Melissa Hunter Therapy, PLCC (“MHT”) may transmit without the written authorization of the client as described in the Email, Text, Phone Calls, and Online Scheduling section of MHT’s of Notice of Privacy Policies.

I, _____, hereby consent and authorize MHT 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

_____ Other Media: Please describe: _____

_____ I do not wish to have my protected health information transmitted electronically

_____ Electronic Storage of client psychotherapy notes, treatment dates, and other information

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, MHT cannot guarantee that those communications will remain confidential. Even though MHT 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 MHT 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 MHT’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.

Name

Date

Name

Date