

Consent for Transmission of PHI by Non-Secure Means

I authorize:

Dawn Bartleman, LPC, NCC
Bartleman Counseling, PLLC
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4111 E. Valley Auto Drive, Suite 209
Mesa, AZ 85206
480-744-6573

to transmit the following protected health information related to my health records and health care treatment:

- Information related to the scheduling of meetings or other appointments
- Information related to billing and payments
- Completed forms, including forms that may contain sensitive, confidential information
- Information of a therapeutic or clinical nature, including discussion of personal material relevant to my treatment
- My health record, in part or in whole, or summaries of material from my health record
- Other Information: _____

by the following non-secure media:

- Unsecured email
- SMS text message
- Other media: _____

TERMINATION

- This authorization will terminate _____ days after the date the form is signed.

OR

- This authorization will terminate when the following event occurs: _____

I have been informed of the risks, including but not limited to my confidentiality in treatment, 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. I also understand that I may terminate this authorization at any time.

Signature (Client/Legal Guardian)

Date