

**Osika & Scarano  
PSYCHOLOGICAL SERVICES, P.C.**

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**Authorization for the Transmission of ePHI  
(Electronic Private Health Information)**

I have requested that my PHI be transmitted electronically (via email or texting), which I understand is NOT HIPPA Compliant. Since transmitting ePHI is NOT standard procedure at Osika and Scarano, you need to authorize us to send and receive such information electronically. By signing below, you authorize us to send and receive your PHI electronically.

I understand that although the electronic devices and e-mail at Osika and Scarano are password protected, the privacy of my PHI may be breeched by forces beyond our control (e.g. hacking, stolen devices). I understand I should delete any correspondence with our office from my e-mail and phone as soon as possible, which is a standard and customary procedure by all staff at Osika and Scarano. Once signed, this waiver will be in effect until the office is notified in writing.

\_\_\_\_\_  
Patient or Parent signature

\_\_\_\_\_  
Date