

Consent for Transmission of PHI (Protected Health Information) by Non-Secure Email, Texts, and/or Voicemail

I understand that Mariana R. Glass, MA, LCMHC recommends using and makes available the following means of communication that are designed to be secure and protect my health information:

- Secure messaging - through the TherapyAppointment Client Portal
- Encrypted e-mail
- Texting via Signal smartphone app
- Secure fax (844)504-9177
- Secure video-call

CONSENT: *In some cases, non-secure means of communication may be preferred.*

I, _____ with DOB _____, authorize Mariana R. Glass, MA, LCMHC of Asheville Counseling and Training Services, Inc. to use the following channels of Unsecured Email, Texts, and/or Voicemail to transmit the following Protected Health Information related to my records and health care treatment:

Be aware: Messages likely will include the name of Mariana Glass and/or Asheville Counseling and Training Services, Inc. (or ACTS), and therefore may be considered Protected Health Information (PHI) as they reflect the nature of your relationship with Mariana Glass (professional counseling).

Check ALL for which you consent:

1. **Automated alerts** (e.g., appointment reminders, secure message alerts)
 Unsecured email Unsecured texts Unsecured voicemail

2. **Credit card receipts** (only last four digits revealed)
 Unsecured email

3. **Scheduling sessions, other meetings**
 Unsecured email Unsecured texts Unsecured voicemail

4. **Information about my treatment** (e.g., book recommendations, website links)
 Unsecured email Unsecured texts Unsecured voicemail

Client permission: I have been informed that risks of transmitting my Protected Health Information by unsecured email, texts, and voicemail include, but are not limited to, the message being lost, delayed, and accessed, read/listened to, and used by an authorized or unauthorized third party (e.g., technology administrators). 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 by written request.

I understand that Mariana R. Glass, M., LCMHC prefers and makes available various means of communication that are designed to be secure, and I still choose to authorize use of the above-named non-secure means. If I choose to initiate communication with Ms. Glass by an unsecured means not authorized above, I accept responsibility for the risks involved. Ms. Glass, however, is bound by my authorization granted here-in.

(Signature of Client)

(Today's Date)