Tessel Stevenson Therapy PLLC
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CONSENT FOR COMMUNICATION OF PROTECTED HEALTH INFORMATION VIA UNSECURE TRANSMISSIONS

This consent form is for the communication of Protected Health Information ("PHI") that Tessel Stevenson Therapy PLLC ("TST") may transmit without the written authorization of the client as described in the Uses and Disclosure section of TST's Notice of Privacy Policies.

I, _____, hereby consent and authorize TST 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: tstevensontherapy@gmail.com □ Send □ Receive
_____ Other Media: Please describe: _____
_____ I do not wish to have my protected health information transmitted electronically

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, TST cannot guarantee that those communications will remain confidential. Even though TST 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 TST 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 TST'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.

_____ _____
Signature of Client/Parent/Legal Guardian DATE