

# Zach Verwey<sub>LLC</sub> Counseling Services

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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 Zach Verwey LLC ("LCC") may transmit without the written authorization of the client as described in the Client Rights and Important Information section of LCC's Disclosure Statement.

I, \_\_\_\_\_, hereby consent and authorize LCC 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: [zverweycounseling@gmail.com](mailto:zverweycounseling@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, LCC cannot guarantee that those communications will remain confidential. Even though LCC may utilize state of the art encryption methods, firewalls, and/or backup 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 LCC 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 LCC'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: \_\_\_\_\_

Date: \_\_\_\_\_