



Consent for Communication of PHI via Unsecure or Potentially Unsecure Transmissions

This 1-page consent form is for the communication of Protected Health Information (“PHI”) that Valerie E. Stone (written below as Dr. Stone) and A Vital Life/ A Good Night’s Sleep LLC (written below as AVL/AGNS) may transmit without the written authorization of the client as described in the Uses and Disclosure section of Dr Stone’s/ AVL/AGNS’s Notice of Privacy Policies.

I, _____, consent to Dr Stone/ AVL/AGNS communicating my PHI through the following unsecure transmissions (please mark all your choices):

_____ Cellular/Mobile Phone - this includes text messaging & voicemails, limited to making arrangements for appointments or requesting a call back, not confidential information; Please write your cell phone number: _____

_____ Other Media: Please describe: _____

(please note that the Social Media Policy means Social Media is not an option)

_____ I do not wish to have my protected health information transmitted electronically. I understand that if I am not willing to use cellular/mobile phone with my therapist that therapy with AVL/AGNS will not be possible.

and the following secure transmissions:

_____ Use of an encrypted text messaging app, such as OhMD; I understand that free versions of these apps can be installed on my phone at no cost to me;

_____ Use of a secure videoconferencing app, such as doxy.me or Vsee or Theraest; I understand that a separate teletherapy consent form will need to be signed;

and I consent to Dr Stone/AVL/AGNS using these methods marked above for the purposes marked below (please mark all your choices):

_____ Information related to scheduling/appointments

_____ Information related to billing and payments

_____ Information related to Dr. Stone’s/ AVL/AGNS’s operations

_____ Information related to my mental health treatment (this may contain personal materials, forms, suggested articles, homework, etc.). *This option is available only through secure transmission options.*

_____ Other Information; Please Describe: _____

Confidentiality extends to those communications marked above, i.e. text, telephone, or any other electronic method of communication. However, Dr. Stone/AVL/AGNS cannot guarantee that those communications will remain confidential, because all electronic communications have the potential to be hacked. Even though Dr. Stone/ AVL/AGNS may use 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. I understand that there is never a 100% guarantee that information will remain confidential when transmitted electronically, just as there is never a 100% guarantee that paper records might not be broken into illegally.

I understand that if I initiate communication via electronic means that I have not specifically consented to in this form, e.g., unsecured text message, I will need to amend this consent form so that Dr Stone/ AVL/AGNS may communicate with me via that method. In that case, Dr Stone/ AVL/AGNS may not return communications through that means without the proper consent. For example, if I have not consented to have PHI sent over unsecured text and I send Dr. Stone/AGNS/AVL a text message, then until I amend this form, she may respond by a different means, such as cell phone voice call, to which I have already consented.

Signature of Client

DATE