

Authorization for Electronic Communication

As a convenience to me, I authorize Ray Sibert, M.MFT, LPC-S to communicate with me regarding my treatment or appointments via electronic communications (email or text message) and to transmit my protected health information electronically as described below.

I understand there are risks inherent in the electronic transmission of information by email or text message.

- Such communication does not provide a completely secure means of communication.
- Any protected health information transmitted via electronic communications pursuant to this authorization may or may not be encrypted.
- Electronic transmission of information cannot be guaranteed to be secure or error-free.
- Data may be vulnerable to access by unauthorized third parties.
- I understand that I have the option of communicating in a HIPAA secure manner via Ray Sibert's HIPAA secure Hushmail email service. This is available by emailing Ray Sibert at ray@lightfindinghope.com. Ray Sibert will respond via encrypted email and I will need to create my personal passphrase that enables secure email communication via this secure email server.
- I understand that texting Ray Sibert at 512-468-2365, while often convenient, is not a HIPAA secure manner of communication. If I choose to use texting, I am choosing to do so at my own risk. And I give my permission for Ray Sibert to respond to my text message.

As such, Ray Sibert shall not have any responsibility or liability with respect to any error, omission, claim or loss arising from or in connection with the electronic communication of information by Ray Sibert, LPC-S to me.

Text Communication: Yes No

Authorized phone number(s): _____

Email Communication: Yes No

Authorized email address(es): _____

Other: Yes No

Authorized service(s): _____

*Your treatment **will not** depend on you giving consent.* You also have the right to terminate or amend this agreement at any time. The use of more secure communication methods, such as phone (512-468-2365) or email (ray@lightfindinghope.com) are always alternatives that are available to you if you elect to not give consent to any of the forms of communication listed below.

I understand that Ray Sibert may transmit my protected health information electronically as described above unless and until I revoke or amend this authorization by submitting notice to [organization] in writing. *This authorization does not allow for electronic transmission of my protected health information to third parties*, and I understand I must execute a separate authorization for my protected health information to be disclosed to third parties.

Patient Name

Signature of Patient

Date