

Communication Consent Form

In order to comply with HIPAA (Health Insurance Portability and Accountability Act of 1996) regulations, we ask that our clients review and sign this *Communication Consent Form*.

Without your consent, we will not release confidential and/or other Protected Health Information (PHI) by home mailing, home telephone, answering machine, work telephone, voice mail, or cell phone. When we place telephone calls and an answering machine responds, we do not leave a message if the name or telephone number is not on the recorded message to identify the residence. Information will also not be left with an unauthorized person who may answer the telephone.

I, _____ authorize Vicki Curran, EdS, MA, LPC to contact me and/or named authorized person(s) and to convey PHI by the following methods and assume responsibility to notify my therapist whenever this information changes:

Home Mail	_____Yes	_____No
Home Telephone	_____Yes # _____	_____No
Answering Machine	_____Yes # _____	_____No
Work Telephone	_____Yes # _____	_____No
Cell Phone	_____Yes # _____	_____No
Voice Mail	_____Yes # _____	_____No
Fax PHI	_____Yes # _____	_____No

Whom may we contact in case of an emergency?

Name: _____ Relationship: _____

Phone Numbers: _____

Please list names of other people authorized to receive information about your care: Spouse: _____

Parent: _____

Other: _____

I understand that communication via texts contain inherent risks to confidentiality. _____ (initials)

We have discussed that while texts are viable means of communication (knowing the above risks), important communication matters (emergencies, cancellations, appointment changes, etc...) must be handled via a phone call. _____ (initials)

I understand that my therapist may not respond to texts or emails but will wait to discuss them at the next session. _____ (initials)

I understand that by calling, I am able to hear any outgoing messages that inform me of my therapist's temporary absence. When texting, I may not be aware that my therapist is out of reach and would not know to expect a possible delay in response. _____ (initials)

In our discussion, it has been decided that communication will be through the following:

phone calls	yes _____	no _____
texting	yes _____	no _____
email	yes _____	no _____

Client Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(Needed if child is less than 14 years of age)