



COMMUNICATION/TRANSMISSION OF PROTECTED
HEALTH INFORMATION

I hereby give permission to Still Waters Counseling, LLC to utilize electronic communication for the following purposes:

- Communication regarding treatment issues or crisis situations, including therapy sessions
- Communication regarding appointment times, cancellations, and rescheduling
- Sending informational documents such as articles, links to websites, and general topics related to my treatment to me
- Sending clinical documents to me

I approve the use of the following methods of communication for the purposes above:

- Internet-based audio/video communication (VSee)
- Text messaging
- Email

I understand that, except for VSee, which is HIPAA-compliant, the other methods of communication listed above cannot be guaranteed to be completely private or secure. Thus, Still Waters Counseling cannot guarantee that my Personal Health Information will not be intercepted, diverted, or viewed in some way by a person not intended to receive this information.

Despite these risks I give permission to Still Waters Counseling, LLC to use these forms of communication to send confidential information to me. I understand that I am not required to sign this agreement in order to receive or continue treatment, and that I may revoke this consent at any time.

Client Name

Email Address

Client/Parent/Guardian Signature

Date

- I do not give permission to Still Waters to use electronic communication with me.
- I revoke permission to have electronic communication used as above.

Client/Parent/Guardian Signature

Date