

Alice Litter MSW LICSW

Informed Consent for Electronic Communication

As a convenience to me, I authorize Alice Litter LICSW to communicate with me electronically via email and/or text including the transmission of protected health information with the following understanding:

-I understand that there are risks inherent in the electronic transmission of protected health information by e-mail and text message since electronic communications may be intercepted by unauthorized third parties, delayed, corrupted or otherwise altered, rendered incomplete or fail to be delivered.

-I understand that electronic transmission of protected health information from Alice Litter LICSW to me by email or text message will not be encrypted.

-I understand that since the transmission of protected health information electronically cannot be guaranteed to be secure and its confidentiality may be vulnerable to access by third parties, Alice Litter LICSW will not have any responsibility or liability with respect to any error, omission, claim, or loss arising from electronic communication from her office to me.

-This consent does not allow for electronic transmission of my protected health information to third parties, and I understand I must separately authorize Alice Litter LICSW to disclose my protected health information to third parties.

-I understand that I have the right to revoke this consent by providing written notice to Alice Litter LICSW.

Consent:

After being provided notice of the risks of email and text communication and having read and understood the information outlined above, I authorize Alice Litter LICSW to communicate with me via email and/or text which will include the transmission of protected health information. If I have any questions or concerns about this consent or wish to revoke it, I will raise these issues with Alice Litter LICSW and/or provide written notice of revocation.

Dated: _____

Signature of Client or Parent or Legal Guardian

Printed Name of person signing above