

REQUEST FOR TRANSMISSION OF PROTECTED HEALTH INFORMATION BY NON-SECURE MEANS

I AUTHORIZE Jill Yang LCMHC, NCC, PLLC TO TRANSMIT TO ME BY NON-SECURE MEDIA THE FOLLOWING TYPES OF PROTECTED HEALTH INFORMATION RELATED TO MY HEALTH RECORDS AND HEALTH CARE TREATMENT:

- Information related to the scheduling of meetings or other appointments
- Information related to billing and payment (but not to include any financial or claims-related identifiers.)

Disclosure Regarding Third-Party Access to Communications Please know that if we use electronic communications methods, such as email, texting, online video, and possibly others, there are various technicians and administrators who maintain these services and may have access to the content of those communications. In some cases, these accesses are more likely than others. Of special consideration are work email addresses. If you use your work email to communicate with me, your employer may access our email communications. There may be similar issues involved in school email or other email accounts associated with organizations that you are affiliated with. Additionally, people with access to your computer, mobile phone, and/or other devices may also have access to your email and/or text messages. Please, take a moment to contemplate the risks involved if any of these persons were to access messages that we exchange with each other.

I HAVE BEEN INFORMED OF THE RISKS, INCLUDING BUT NOT LIMITED TO MY CONFIDENTIALITY IN TREATMENT, OF TRANSMITTING MY PROTECTED HEALTH INFORMATION BY UNSECURED MEANS. I UNDERSTAND THAT I AM NOT REQUIRED TO SIGN THIS AGREEMENT IN ORDER TO RECEIVE TREATMENT. I ALSO UNDERSTAND THAT I MAY TERMINATE THIS AUTHORIZATION AT ANY TIME.

Sign: _____ Date: _____