

AUTHORIZATION FOR ELECTRONIC COMMUNICATION

Nedra Cannon LCSW LLC

As a convenience to me, I authorize [Nedra Cannon LCSW LLC- Harmony in Hues Wellness Center(DBA) to communicate with me regarding my treatment 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 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.

As such, Nedra Cannon LCSW LLC (Harmony in Hues Wellness Center-DBA) 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 Nedra Cannon LCSW LLC (Harmony in Hues Wellness Center-DBA) to me.

Your treatment does not depend on consent. You have the right to terminate or amend this agreement at any time. The use of more secure communication methods, such as messaging through your Therapy Appointment Patient Portal, or our secure text line 517-215-5217 or contact therapist assigned are alternatives always available if you elect to not give consent to any of the forms of communication listed below.

New Checkbox List

- Text Message to Mobile Phone on File in your Patient Portal
- Email to address on file in Patient Portal
- DO NOT communicate with me outside of the secure portal.

I understand that [Nedra Cannon LCSW LLC-(Harmony in Hues Wellness Center-DBA) may transmit my protected health information electronically as described above unless and until I revoke or amend this authorization by submitting notice to [Nedra Cannon LCSW LLC-(Harmony in Hues Wellness Center-DBA) 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.

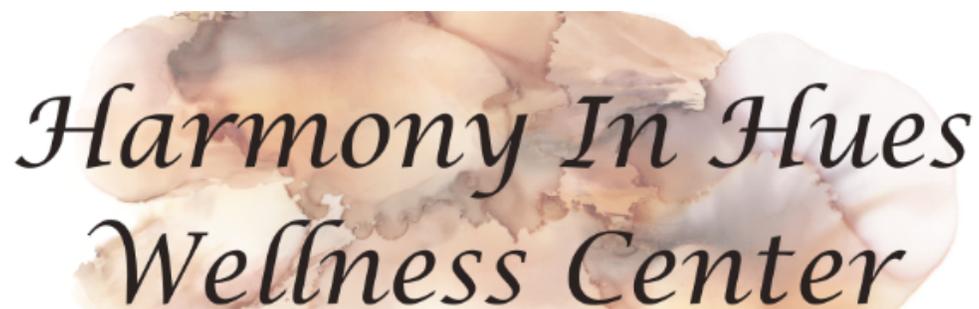
Placing my name in the field below acknowledges my authorization of electronic communication via text or email address on file with your office.

New Date Field

Client Legal Name - Last, First

New Signature Field

 Erase  Type



New Title