

Form 10: Request for the Transmission of Protected Health Information by a Non-Secure Method of Transport

I _____ authorize Lynda Phillips of Phillips Mental Health Counseling PC to send my health records in a non-secure form of transport. Check appropriate box-

- 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 including, but not limited to, credit card numbers, insurance plan numbers, diagnosis codes, or procedure codes.)

The termination date will end on the date specified below.

Authorization to send the documents will terminate ten days after the date listed below. Or if other variables are involved the authorization will terminate when as required by the office to protect the record.

I am the client of Lynda Phillips of Phillips Mental Health Counseling PC and I have been informed of the potential risks involved in a breach of privacy/confidentiality if I have my personal health records transmitted in a non-secure way. I do understand that I am not required to sign this document to receive treatment. I sign this agreement with the full understanding that I may terminate the agreement at any time.

I understand that Lynda Phillips of Phillips Mental Health Counseling PC has offered to send my documents through encrypted e-mail and I would still like my documents sent in the above-listed non-secure format.

(Signature of client)

Print name

Date

Phillips Mental Health Counseling PC
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