

The Lighthouse Center for Counseling & Play Therapy PLLC

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**CONSENT FOR COMMUNICATION OF PROTECTED HEALTH INFORMATION
VIA UNSECURE TRANSMISSIONS**

This consent form is for the communication of Protected Health Information (“PHI”) that The Lighthouse Center for Counseling & Play Therapy PLLC (The Lighthouse Center) may transmit without the written authorization of the client as described in the Uses and Disclosure section of The Lighthouse Center’s Notice of Privacy Policies.

I, _____, hereby consent and authorize The Lighthouse Center to communicate my PHI through the following unsecure transmissions (please initial all your choices):

- _____ Cellular/Mobile Phone this includes text messaging & voicemails
Please Insert Cell Phone Number: _____
- _____ Unsecured Email
Client’s Email: _____ Send Receive
Please Circle One: Work Personal
Therapist’s Email: danieljbaur@gmail.com Send Receive
- _____ Other Media: Please describe: _____
- _____ I do not wish to have my protected health information transmitted electronically

Should we agree to communicate by the approved communications listed above, i.e. text, email, telephone, or any other electronic method of communication, confidentiality extends to those communications. However, The Lighthouse Center cannot guarantee that those communications will remain confidential. Even though The Lighthouse Center may utilize state of the art encryption methods, firewalls, and/or back-up systems to help secure our communication, there is a risk that the electronic or telephone communications may be compromised, unsecured, and/or accessed by an unintended third-party. There is never a 100% guarantee information will remain confidential when transmitted electronically.

I, _____, consent to The Lighthouse Center transmitting the following PHI by the above selected electronic communications (please initial all your choices):

- _____ Information related to scheduling/appointments
- _____ Information related to billing and payments
- _____ Information related to your mental health treatment (this may contain personal materials, forms, suggested articles, homework, etc.)
- _____ Information related to The Lighthouse Center’s operations
- _____ Other Information; Please Describe: _____

I further understand that if I initiate communication via electronic means that I have not specifically consented to in this form, I will need to amend this consent form so that my therapist may communicate with me via that method.

Signature of Client/Parent/Legal Guardian

DATE

The Lighthouse Center for Counseling & Play Therapy PLLC
Consent to Communicate via Unsecure Means