**Heather Low, PhD, LPC**

**Consent to Unsecure Electronic Communication Form**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(the client), understand there is a reasonable chance that communicating through electronic methods may be intercepted and eavesdropped on by a third party, including, but not limited to, family, co-workers, employers, and hackers.

Heather Low, PhD, LPC offers electronic communication through the following methods:

* Phone
* Mail
* for text and email

Although these methods do not guaranty me against a breach, they are to support my confidentiality.

I consent to allow Heather Low, PhD, LPC to communicate with me using the following unsecured methods:

* Email: address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Text: cell number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To transmit the following information:

* Reminders for appointments

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 consent at any time.

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(Signature of client) Date