



## **4. Consent for Transmission of Protected Health Information by Non-secure Means 1**

### **Introduction**

The use of emails and text messages may not be secure. Because their use is very convenient, I ask your permission to use these means to contact you. If you do not wish to give this consent, please let me know.

### **Types of Information**

I hereby authorize Kate Lehmann, MA LADC and Lehmann Consulting, Inc. to transmit the following types of protected health information related to my medical records and health care treatment: information related to scheduling of meetings and other appointments; information related to billing and payment; information about resources and contacts; messages of encouragement and support of a non-clinical nature; requests for contact and follow-up.

### **Termination**

This authorization terminates automatically one year from the date of signature unless otherwise terminated. To terminate before the automatic expiration, please contact Lehmann Consulting, Inc.

I have been informed of the risks of transmitting my protected health information by unsecured means such as emails and text messages, including but not limited to my confidentiality in treatment. 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.