



Consent for Non-Secure Communication & Transmission of Protected Health Information

I, _____, authorize **Karen Dunn Pritchard & Unfold Counseling LLC**, located at 236 S. 3rd Street, #215, Montrose, CO 81401, to transmit to me by non-secure media the following types of protected health information related to my health records and health care treatment (please initial):

- _____ Appointment reminders delivered to whatever contact method I have chosen on intake paperwork or communicated to therapist in another manner and documented in my file
- _____ Information related to the scheduling of meetings or other appointments
- _____ Information related to billing and payment (but **not** to include any financial or claims identifiers including, but not limited to, credit card numbers, insurance plan numbers, diagnosis or procedure codes.)
- _____ Use and Receipt of Square Invoices and Receipts
- _____ Please indicate other: _____

Termination: This authorization will terminate with the end of services OR whenever I request to terminate it.

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 authorization at any time.

I understand that Unfold Counseling makes available to me the following means of communication that are designed to be secure and to maintain confidentiality, and that these should be used primarily:

- *Therasoft Client Portal & TSecure Messaging (for secure messaging and document exchange)*
- *myTherapist app (for secure messaging, document exchange, online therapy)*
- *Signal secure messaging app*

I authorize this information to be sent via the following methods (please specify texting service number, email address, etc., that you wish to have me use instead of those listed above, including those for appt. reminders):

- _____
- _____

Client Name(s): _____

Client Signature: _____ Date: _____

Client Signature: _____ Date: _____

Therapist/Witness: _____ Date: _____

Karen Dunn Pritchard, LPC, CHT • Unfold Counseling LLC

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