

CONSENT FOR TRANSMISSION OF PROTECTED HEALTH INFORMATION BY NON-SECURE MEANS

I authorize Beth K Westbrook, PsyD to transmit to me by non-secure media the following types of protected health information related to my health records and health care treatment: information related to administrative issues, including but not limited to scheduling of appointments, billing and payment issues.

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.

Signature

Date
