

ANDREA FORLINA, LCSW, RPT-S, EPT/S

Healing Through Play: Counseling Services for Children, PLLC

1355 S. Colorado Blvd., Ste. 810, Denver, CO 80222

Ph: 720-505-3840 | Fax: 303-248-3427

www.healingthroughplay.net | andreaforlina@gmail.com

CONSENT FOR COMMUNICATION OF PROTECTED HEALTH INFORMATION BY UNSECURE TRANSMISSIONS

It is very important that you are aware that computer e-mail communication can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. E-mails are vulnerable to such unauthorized access due to the fact that servers or communication companies may have unlimited and direct access to all e-mails that go through them. While data on Andrea Forlina's laptop and desktop computers is encrypted, e-mails are not. It is always a possibility that e-mail can be sent erroneously to the wrong address and computers. Unencrypted e-mail provides as much privacy as a postcard. You should not communicate any information to your health care provider that you would not want to be included on a postcard that is sent through the Post Office. E-mail messages on your computer, your laptop, iPad, phone or other devices have inherent privacy risks – especially when your e-mail access is provided through your employer or when access to your e-mail messages is not password protected.

Andrea Forlina's laptop and desktop computers are equipped with firewalls, virus protection and passwords, and all confidential information from the computers is backed up on a regular basis onto an encrypted hard-drive. Please, note that e-mails are part of your clinical record. Also, be aware that phone messages can be transcribed and become part of your clinical record.

Please notify Andrea if you decide to avoid or limit, in any way, the use of e-mail, cell phone calls, or phone messages and texts. If you communicate confidential or private information via unencrypted e-mail or phone messages or texts, it will be assumed that you have evaluated the risks and made an informed decision. Andrea will view it as your agreement to take the risk that such communication may be intercepted, and your desire to communicate on such matters will be honored.

Patient's Name: _____

Parent/Guardian Cell Phone Number: _____

Parent/Guardian E-mail Address: _____

Parent/Guardian Street Address: _____

Parent/Guardian Signature: _____ Date: _____

Nov., 2019