FARRAR & ASSOCIATES
MENTAL HEALTH

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Consent to Email or Text Protected Health Information

Farrar and Associates will only transmit Protected Health Information (PHI) to unsecured email accounts or phone numbers if written consent has been obtained from the patient or the patient's guardian.

PHI is any information which identifies the patient or is contained in the medical record. Farrar and Associates takes precautions to secure the confidentiality of PHI within our records system and network. However, we cannot ensure the security of PHI sent by email or text once it leaves our system. Any PHI sent to unsecured accounts could potentially be viewed by or redistributed to others without the patient's consent. Secure means of transmitting written PHI include secure fax, the U.S. Postal Service, and the Patient Portal.

Farrar and Associates will only transmit PHI to the email account(s) and/or phone number(s) I have specifically provided. I understand that I may revoke this consent at any time by submitting a request in writing to Farrar and Associates.

_____ and/or _____

email address | phone number

By signing below, I acknowledge that I do not hold Farrar and Associates responsible for the security or confidentiality of health information sent by email or text. I have requested that information or records be sent through a potentially insecure channel, understand the risk, and accept full responsibility for any potential exposure of my confidential medical information.

_____	_____	_____
Print Patient Name	**Patient Signature (ages 14 and older)**	**Date**
_____	_____	_____
Print Parent/Legal Guardian Name	**Parent/Legal Guardian Signature**	**Date**

(Please complete this line if the client is less than 18 years old or has a legal guardian)