



AUTHORIZATION FOR ELECTRONIC COMMUNICATION

Name of Child/Client:

Last First

Parent/Guardian

Phone # Email

Name of Mental Health Provider:

Lacey Fisher, LPC-S, RPT-S
8101 West Highway 71 Austin, TX 78735
254.718.8373 Lacey@openheartcounselingatx.com

HIPAA requires that Lacey Fisher inform you of the risks that are associated with non-secure electronic communication. Although Lacey Fisher’s computer, phone, and email are password protected, email and text messages are not considered to be secure as these electronic means are not encrypted. Therefore, there is no guarantee of confidentiality for information sent via email or text message.

Please note that Lacey Fisher only responds to requests with email or text message as it relates to scheduling, payments, and general counseling information. Lacey Fisher prefers not to send documents that contain information with treatment specifics like counseling goals, progress, or diagnosis through non-secure means.

Please check the following method of non-secure communication that the client/guardian listed above consents to:

Voice Messages: Yes No **Text Messages:** Yes No **Email:** Yes No

SIGNATURE AUTHORIZATION: By signing below, I acknowledge I have been informed of the risks of transmitting protected health information by non-secure electronic means and I agree to hold Lacey Fisher harmless from any claims and liabilities arising from this request to communicate via email or text message. I also understand that I can revoke this authorization at any time by giving a written notice to Lacey Fisher.

Client or Parent/Guardian Signature

Date

Lacey Fisher, LPC-S, RPT-S

Date