

Highline Counseling Group
1400 S. Colorado Blvd., Suite 460
Denver, CO 80222
Phone: 303-321-1113 Fax: 303-757-7275
www.highlinecounseling.com

**CONSENT FOR COMMUNICATION OF PROTECTED HEALTH INFORMATION VIA
UNSECURE TRANSMISSIONS**

This consent form is for the communication of Protect Health Information (“PHI”) that Highline Counseling Group (“HCG”) may transmit without the written authorization of the client as described in the Uses and Disclosure section of HCG’s Notice of Privacy Policies.

I, _____, hereby consent and authorize HCG to communicate my PHI through the following unsecure transmissions (please initial all your choices):

Signature of Client/Parent/Legal Guardian	DATE
_____ Cellular/Mobile Phone this includes text messaging & voicemails	
_____ Please Insert Cell Phone Number: _____	
_____ Unsecured Email	
_____ Client’s Email: _____ <input type="checkbox"/> Send <input type="checkbox"/> Receive	
_____ Please Circle One: Work Personal	
_____ Therapist’s Email: _____ <input type="checkbox"/> Send <input type="checkbox"/> Receive	
_____ Other Media: Please describe: _____	
_____ I do not wish to have my protected health information transmitted electronically	

Should we agree to communicate by the approved communications listed above, i.e. text, email, telephone, or any other electronic method of communication, confidentiality extends to those communications. However, HCG cannot guarantee that those communications will remain confidential. Even though HCG may utilize state of the art encryption methods, firewalls, and/or back-up systems to help secure our communication, there is a risk that the electronic or telephone communications may be compromised, unsecured, and/or accessed by an unintended thirdparty. There is never a 100% guarantee information will remain confidential when transmitted electronically.

I, _____, consent to HCG transmitting the following PHI by the above selected electronic communications (please initial all your choices):

_____	Information related to scheduling/appointments
_____	Information related to billing and payments
_____	Information related to your mental health treatment (this may contain personal materials, forms, suggested articles, homework, etc.)
_____	Information related to HCG’s operations
_____	Other Information; Please Describe: _____

I further understand that if I initiate communication via electronic means that I have not specifically consented to in this form, I will need to amend this consent form so that my therapist may communicate with me via that method.