CENTER FOR PSYCHOLOGICAL WELLNESS, INC.
954-345-5644

AUTHORIZATION FOR ELECTRONIC COMMUNICATION

As a convenience to me, I authorize **Center for Psychological Wellness, Inc.** to communicate with me regarding my treatment via electronic communications (email or text message) and to transmit my protected health information electronically as described below.

I understand there are risks inherent in the electronic transmission of information by email or text message:

- Such communication does not provide a completely secure means of communication.
- Any protected health information transmitted via electronic communications pursuant to this authorization may not be encrypted.
- Electronic transmission of information cannot be guaranteed to be secure or error-free.
- Data may be vulnerable to access by unauthorized third parties.

As such, **Center for Psychological Wellness, Inc.** shall not have any responsibility or liability with respect to any error, omission, claim or loss arising from or in connection with the electronic communication of information by **Center for Psychological Wellness, Inc.** to me.

Text Communication: ☐ Yes ☐ No

Authorized phone number(s):____

Email Communication: ☐ Yes ☐ No

Authorized email address(es):____

Other: ☐ Yes ☐ No

Authorized service(s): ____

I understand that **Center for Psychological Wellness, Inc.** may transmit my protected health information electronically as described above unless and until I revoke or amend this authorization by submitting notice to **Center for Psychological Wellness, Inc.** in writing. This authorization does not allow for electronic transmission of my protected health information to third parties, and I understand I must execute a separate authorization for my protected health information to be disclosed to third parties.

		IF CLIENT IS A MINOR:	
Client Name	________________________	Guardian Name	____________________________
Signature	________________________	Signature	____________________________
Date	________________________	Date	____________________________